

Enter and View Visit Report 'What Good Looks Like'

1. Visit Details

Premises visited: Castle Court Care Home, Linton Road, Castle Gresley, Swadlincote, Derbyshire DE11 9HP

Purpose of the premises/service: To provide long term residential care for the elderly.

Date and time of visit: Monday 10th February 2014 between 10.30am and 1.25pm.

Authorised Representatives: John Beavis and Jas Dosanjh

Contact details: Healthwatch Derbyshire, Suite 14, Riverside Business Centre, Foundry Lane, Milford, Derbyshire DE56 0RN Telephone: 01773 880 786

2. Acknowledgements

Many thanks to the Deputy Manager and members of her care and support staff who provided us with the opportunity to meet residents, and freely ask questions to understand the operation of the Care Home.

3. Disclaimer

Please note that this report relates to findings found on the specific date and time specified above. It is not representative of all service users and staff only those who contributed within the restricted time available.

4. Purpose of the Visit

Healthwatch Derbyshire wants to ensure that everyone who lives in Derbyshire, including those who live in a care home, get the opportunity to engage with Healthwatch to have their say about the health and social care services they are receiving.

For the purpose of this visit, Healthwatch Derbyshire wanted to observe 'What good looks like' within a care home setting.

Castle Court Care Home was randomly selected, alongside 9 other Care Homes who had been awarded the Derbyshire County Council Bronze Dignity Award.

The purpose of the visit was to:-

- Identify examples of good working practice.
- Observe residents and relatives engaging with the staff and their surroundings.
- Capture the experience of residents and relatives and any ideas they may have for change.

5. Methodology

This was an announced Enter and View visit.

Authorised Representatives conducted short interviews with some of the staff of each care home. Topics such as quality of care, safety, dignity, respecting and acknowledging the resident's and families' wishes and staff training were explored.

Authorised Representatives also approached residents at each of the care homes to informally ask them about their experiences of the home and, where appropriate, other topics such as accessing health care services from the care home may also have been explored, to help with our wider engagement work.

A large proportion of the visit was also observational, involving the Authorised Representatives walking around the public/communal areas and observing the surroundings to gain an understanding of how the home actually works and how the residents and service receivers engaged with staff members and the facilities. There was an observation checklist prepared for this purpose.

The visit was approximately 1 ½ - 2 hours in duration.

6. Findings

Environment

The home opened 7 years ago as a new purpose built ground floor only property.

There was a light airy feel about the place with plenty of natural light. Our observations suggest that a high standard of hygiene is being maintained. The home was really clean and free from any unpleasant smell.

The building is arranged so that there are small courtyard/garden patches where the residents can sit out in warmer weather to enjoy the sunshine, gardening and the hens.

The home has 39 single bedrooms and one double bedroom. Three of the single bedrooms are in a wing devoted to respite care. All bedrooms have en-suite facilities and a TV providing them with privacy and they also have the opportunity to go to the dining room and lounges which are within easy reach. The convenient use of electric wheelchairs was evident.

The overall impression of the building is one of being full of life and fit for purpose. The corridors were free of obstructions and there were lots of pictures mounted on the walls along the corridors.

Safety/Security/Feel Safe

The main front door has a locked entrance /exit security system, operated by pass code key pads.

The home has a visitors' book in use.

The home operates individual risk assessments for each resident. The information file held for the patient includes family contact details, pre-admission data, personal evacuation plan,

doctor and district nurse visits, client injury file, tissue viability data, nutritional data and a personal care plan.

All bedroom doors have a colour coded label to indicate whether the occupant will need to be carried out in the event of a fire evacuation.

Promotion of Privacy, Dignity and Respect

Each resident has a 'Link Worker' from the care staff assigned to them which they see at least once weekly. The Link Worker manages the resident's personal care, showering, bedroom issues, weekly weight measurement and works with the family to resolve any issues. Staff get all the information they require in order to know what the individual residents' needs are. The Link Worker's name is shown on the bedroom door along with the photo of the resident.

All the residents we saw appeared well dressed.

Residents have the option to bring their own furniture and pictures if they wish. Each room has en-suite shower and toilet facilities, to a nice standard. Everything looked very clean. Bedrooms are reasonable large.

Currently one resident has an End of Life plan.

Promotion of Independence

Two kitchenettes are available where able residents can make hot drinks etc.

Some able residents are taken to a local day centre Monday to Friday as they wish. Outings are arranged by minibus.

There is a dedicated hair dressing room. A hair dresser comes in twice a week for which the residents have to pay. In addition, residents can use the room themselves or with the help of a member of staff. There is a beauty therapist who comes every 6 weeks. She files and cuts nails/toe nails. She does chin and lip waxes on the ladies.

Interaction between Residents and Staff

We saw evidence that a close personal rapport exists between residents and carers. We were able to speak with some residents.

Residents

An opportunity was taken to speak to a resident. She had gone to make herself a cup of tea and was walking back to her room. She was very welcoming and invited the Authorised Representative and a member of staff into her room. The door was left open. She explained she goes to bed at 6.30pm, wakes up at 8.30am. She is happy and has no worries. She likes the fact she is not isolated. She said she could nip off to make a cup of tea whenever she wanted. Her room had personal items in it with furniture and pictures.

She smiled and was very chatty. She attentively explained how she had come to being in the home.

Further into the visit, three residents were observed coming up the corridor. They were debating amongst themselves where they wanted to go and sit. Dinner was not going to be

ready for another ½ hour. Two of them came into the dining room. Both were in electric wheelchairs. They explained that they liked the fact they were not isolated. Everyone spoke to one another. Everyone knows everyone. One resident didn't like the new the new colour on the walls which she said quite openly.

An observation was made of the member of staff and the two residents having a joke between themselves which indicated there was a rapport. The two residents complimented the member of staff. One of them touched the member of staff on her knee as she gave the compliment. The member of staff smiled. The member of staff complimented one of the residents' as she had just had her hair cut and styled. The resident smiled at this comment and touched her hair.

Food

The daily menu is displayed on a white board. Residents were said to have the choice of two main courses for lunch. Hot tea time meals are served 3 or 4 times per week. The drinks trolley also does its round at 10.30am.

Residents appear to be content with the care they receive and the meals. Only one resident said that she would like a different choice of food.

Dining Room/Toilet Access

The home has received a cash grant from the Prince's Fund to make improvements for the residents' benefit. The plan is to change the existing two dining rooms and two lounges into four lounge/dining rooms. Décor will include familiar flower prints to help those with some dementia.

The care home is trying to develop a more homely environment. An opinion was expressed that once the lounge/diners are finished some of the residents may find it difficult to adjust.

Recreational activities/Social Inclusion/Pastoral needs

There is an Activities Assistant who runs events to involve the residents as much as possible.

There is a dedicated Activities room for games, painting, cake decoration etc and a PC with internet connection. Current evidence of involvement included large wall posters for Valentines' Day cards.

At the time we were there, there was a 'Music for Health' lady running a resident participation session. These sessions are held once a month. She explained she deliberately had the 'music for health' in the green lounge because some of the ladies who sit in there don't generally participate in activities. This way they were being encouraged to be involved. It was observed that not all residents participated in the Music for Health activity.

There are various board games the residents play. One is called 'follow your noses'. You have to guess what the smell is. Families are encouraged to take part in activities at the home. For example a bingo night was arranged and was promoted two weeks prior to the event. One resident had ten family members attend the evening. The home had also arranged a Halloween party.

Residents accompanied by Staff went to the Oaklands Village for their Christmas meal.

On the first Friday of every month a Christian service with hymns is held in the evening.

Use of External Care Services

The home reported that they get very good medical support from three GP Practices, same day home visit if the home has concerns about a resident.

Patients can stay with their existing GP if they are local. Residents from outside the area are allocated to one of three practices that serve the home. Residents are registered with their own choice of GP. Residents are not required to move GP Practice unless there is a distance problem which created problems of getting the residents to appointments.

A Consultant from the Mental Health Trust with Derbyshire Healthcare sees the residents on a six monthly basis or on concern.

Whilst we were there a Community Psychiatric Nurse was visiting one of the residents.

Residents are weighed weekly (Thursday) and the hospital will advise on diet if concerns exist. When necessary, residents are usually referred to the Queens Hospital (Burton on Trent).

Transport to hospital is now booked by the home. This is proving to be more satisfactory. This was substantiated by contacting the home and recording the following in retrospect:-

The home used to have to book the hospital transport via the GP surgeries. The surgeries wanted 1 weeks' notice. This meant that when an urgent outpatient appointment was sent by the hospital the home would be too late to book transport, as advised by the surgeries.

Now the home is able to book the transport directly by calling the ambulance transport booking line. Furthermore the Deputy Manager also went on to explain situations where ambulance transport has not waited for residents because they have not been ready resulting in the outpatient appointments being missed. These comments have been recorded on the Healthwatch Derbyshire Comments Database.

Due to a problem with the Hospital not returning patients medication with them on discharge, in order to overcome this problem, the home now send residents with their individual MAR (Medicine Administration Record) instead of sending the medication.

The home experiences hospital in-patient discharge without medication, discharge from hospital without a letter, patients discharged without prior notice to the home to expect them. One case cited where a resident was taken by hospital arranged transport to the patient's home when they no longer lived there.

Involvement in Key Decisions

Meetings with invitations to all residents are held twice monthly to discuss resident's wishes. Food preferences and activities are often raised.

Concerns/Complaint Procedure

The home has a complaints procedure, mainly used by family members.

Staff

All the staff we saw were smartly dressed in uniform. The morning shift on the day of the visit comprised: 4 Day Care Assistants, 3 Domestic Assistants, 1 Cook, 1 Domestic Assistant, 1 Laundry Assistant, 1 Activity Assistant. There are 5 permanent Night Care Assistants, typically 4 on shift, 2 on each wing. Shifts are: 7am - 2.30(3) pm: 2.30pm - 10pm and 10pm - 7am.

All the staff we met were kind and very friendly.

At the time of the visit, new staff were being recruited. New starters shadow another worker for six weeks. The home provides a 'Skill Scan' and then Derbyshire County Council does the training necessary. Most of the training is mandatory.

The staff we met were very positive about the service in the home. We understand that, due to it being so busy in the mornings the staff don't often get to read the communication logs until later in the day. This can lead to the flow of information/communication between night and day staff being delayed.

Visitor and Relatives

There were no visitors or relatives around during our visit. Visitors are encouraged to come and bring their children. Pets are allowed to come too. There is a conservatory which can be used for residents to hold family parties.

7. Summary of Findings

At the time of our visit, the evidence is that the home was operating to a very good standard of care with respect to Dignity and Respect

The home is purpose built as a Residential Care home. The building appears to have been maintained to a good standard.

Residents were all well dressed and cared for.

Residents have a nominated Carer to look after their personal care and deal with concerns.

Residents enjoy a measure of choice in the arrangement of their rooms.

Alterations to the dining room/lounges funded by a grant from the King's Fund are about to be implemented.

Evidence suggests that the residents are generally happy with the food menu.

Evidence is that good facilities and opportunities exist for the residents to enjoy, recreation and social activities if they wish.

Evidence suggests that residents are encouraged to be as independent as possible.

Discharge communications from the Queens Hospital, Burton-on-Trent require improvement.

8. Recommendations

This report highlights the good practice that we observed and reflects the appreciation that residents felt about the care and support provided.

The only concern we have is regarding the problems cited around hospital discharge with Queens Hospital, Burton- on-Trent.

Please note: we can help with these issues. Please send details of individual issues to Healthwatch Derbyshire and we will ensure these are passed onto service providers and commissioners. We also follow up issues to get a response as to what action has been taken to improve service delivery and design and will feed this back to you.

9. Response from the Care Home

This report was agreed with the Care Home as factually accurate.