



Healthwatch Lambeth
Enter and View
Alver Bank Care Home Visit Report

About Healthwatch Lambeth



**Healthwatch
Lambeth is the
independent health
and social care
champion for local
people.**



We work to ensure your voice counts when it comes to shaping and improving services. We address inequalities in health and care, to help ensure everyone gets the services they need. We are a charity and membership body for Lambeth residents and voluntary organisations.

There are local Healthwatch across the country as well as a national body, Healthwatch England.

About Enter and View Visits

Our Enter and View programme involves visiting publicly funded adult health and social care services in Lambeth to see what is going on and talk to service users, their relatives and carers, as well as staff.

Every local Healthwatch has a legal responsibility to carry out an Enter and View programme. But we are not inspectors. Instead, we focus on what it is like for people receiving care. We provide extra eyes and ears, especially for the most isolated and vulnerable. Our visits are carried out by trained volunteers.

Visit overview

Service	Alver Bank 17 West Road London SW4 7DL Care home for up to 27 people providing care and support to people with dementia. The service is non-smoking and does not include nursing but does support people with personal care needs.
Registered provider	Salvation Army Social Work Trust
Date of visit	Friday 9 May 2014 11.00am-2.30pm
Enter and View Team	David Town, lead, Julia Shelley and Catherine Pearson, visitors
Service liaison link	Tony Onabanjo, Home Manager





Purpose of visit

Healthwatch Lambeth is undertaking a review of dementia services in the Clapham Park area of SW4 between April and September 2014.

As an element of this review, a visit to this care home was carried out in order to seek the views of the residents (most of whom have dementia) about the services provided within Alver Bank and also how they accessed health and care services in the community.

Further details of the dementia review are available at

www.healthwatchlambeth.org.uk/enterandview

During the visit, the Enter and View team used an adapted range of quality indicators identified by the Alzheimer's Society as useful for families when choosing a care home for someone with dementia¹ and also the dementia friendly assessment tool included in the patient-led assessments of the care environment (PLACE) visits for hospitals². Questionnaires were also distributed to staff and relatives.

Participants

Fifteen residents gave feedback in one-to-one interviews with the Enter and View team. In addition, two members of staff returned a questionnaire and an in depth interview was held with the manager. Eight questionnaires were received from family contacts.

¹ Your handy guide to selecting a care home (PDF)
http://www.alzheimers.org.uk/site/scripts/download_info.php?downloadID=1003

² PLACE visits
<http://www.england.nhs.uk/ourwork/qual-clin-lead/place/>

Location

Alver Bank is located near Clapham High Street with good access for buses and tubes. The building is not affected by traffic or other noise. Nearby there are local shops and cafes.

External environment

The external environment is pleasant with trees and shrubs in both the front garden and behind the home. The borders could benefit from some additional care as they were full of weeds. However, the overall look was attractive.

The building is part of a larger complex owned by the Salvation Army Social Work Trust and benefits from open space in front and behind. Currently the open space at the rear is mainly grass. The Manager has submitted plans for a section of the grassed area accessible from the rear of the house to be converted into a safe garden for the use of residents. Low fencing and eventually hedges will form the boundary in order to divert and contain those residents who feel the need to continually explore their surroundings.

Internal environment

The care home was not purpose built. The first impression is of an institution, albeit a very secure one. The building is kept very warm and did have an 'old building' smell although the cleaning staff were observed opening windows while the residents were

eating lunch to air the communal areas. The windows are large and clean which makes the space bright and airy and there is a large aquarium in the lobby area between the two large lounges, the dining room and the treatment room and office.

The public space included a large homemade mural made up of pictures of film stars and famous people from the 1940s and 50s. These displays can be a helpful in promoting reminiscence with residents particularly those whose memories of the past are stronger than their current ones. However, it is not clear how often these pictures are refreshed or whether they are still used as triggers for conversation with the staff and residents. There was other information around the walls including information about Healthwatch.

Recommendation 1

The Activities Co-ordinator and staff should review the existing visual memory aides around the building to identify whether they need refreshing.

Alver Bank's Response

A fence is now in place in the garden and residents can safely spend time outside.

Access and mobility

We did not meet any residents who needed to use a wheelchair. We did meet a resident who used a Zimmer frame. The through ways, corridors and toilets were wide enough for walking frames and wheelchairs. Suitably adapted toilets were in easy reach of the communal areas. It was easy to enter and move between the lounges and the dining room. External doors were all kept locked.

Dementia friendly environment

This assessment was only undertaken in the communal areas using the dementia friendly sections from patient-led assessments of the care environment (PLACE) documents.

Floors

As is common within the care environments we have visited, the floors were covered in speckled patterned carpet and not a consistent colour as recommended by the PLACE assessment tool.

Décor

The wall colours contrasted with the floors. The doors were all painted white, which contrasted with the wall colour, enabling them to be seen. However, light switches did not contrast with the walls. Toilet seats, flush handles and rails did not contrast with the toilet and bathroom walls. The toilet walls were decorated with stencilled birds and were

large enough for people to move in with a walking frame.

Signage

The bedroom doors appeared to all be the same apart from the room number. One resident commented that he knew he would always have a home at his room number. Whilst this is a very acceptable way of assisting residents to identify their rooms, for those residents whose memories are failing, other methods may need to be introduced to strengthen their association with their room.

Signs were approximately 4ft from the ground and on eye level. Signs were on the whole consistent throughout the communal area including signs to say that a room was being used and the door should not be opened. The toilet doors were identified with a generic photo of a toilet and also by name.

The staff wore dark blue overalls, which made it easier for the residents to identify them.

Recommendation 2

As and when residents begin to become confused about where their room is, staff should discuss with them and their relatives what pictures or symbols they would easily recognise to identify their rooms.

Lounge and dining room

There were two lounges, one with a television and one with music and also a separate dining room. All three rooms were bright from the natural light coming through the large windows which also provided a good views of trees in the grounds.

The lounge chairs were arranged around the perimeter of the room. The furniture was mixed, some of it was quite shabby but we were informed by the Manager that a budget for replacing some of the furniture has been identified.

In one of the lounges, the central space contained a coffee table with books, a piano and a CD player. At the time of the visit this was playing Frank Sinatra which some of the residents responded to by dancing or swaying.

The other lounge had a television which was switched on and was also displaying subtitles. There were two residents in the lounge who were visually impaired and, although not seeing the programme, could gain an understanding from the verbal content.

There were also two book cases which contained books and videos although there was no evidence of local or national newspapers or magazines. The manager confirmed that there was also no internet access.

One resident who was visually impaired said that he enjoyed listening to the radio but was

now unable to read. In conversation, he showed some interest in the concept of audio books. This information was passed on to the Manager.

Recommendation 3

When considering options for new furniture purchased for the lounge areas, thought should be given to ensuring that the furniture colour contrasts with the colour of the walls and the carpet.

Alver Bank's Response

50% of the furniture in the lounge has now been replaced with furniture of a contrasting colour to the walls and the carpet.

Recommendation 4

Staff should consult with residents with impaired sight about whether they would like to have the opportunity to have audio books and if so, assist them to join the local library.

Bedrooms

There were no empty bedrooms, as Alver Bank is fully occupied. We do not visit residents' bedrooms unless we are invited. On this occasion no invitation was made therefore, we were unable to assess the quality of the bedrooms. In conversation with the Manager he said that residents were able to bring their own belongings and furniture to furnish their rooms. One relative confirmed that her husband has a room of his own with personal effects to remind him of who he is.

The Manager said that there was a call bell system in place in the bedrooms and about 50% of the residents have capacity to use it. There was a different call sign for normal and emergency calls. Regardless of a resident's ability to use the call bell, all the bedrooms have 30 minute checks during the day if a resident is in their room and hourly checks at night.

Meals

The visiting team did not eat lunch with the residents but we were able to see the picture menu from which residents had chosen their meal earlier. This showed two fish options for the main course and two puddings.

Some residents were helped to move to the dining room, some were just encouraged by the staff. One resident wandered between the lounges, dining room and other communal areas during the lunch hour but was helped by

a member of staff to eat food at the same time. We observed this member of staff responding sensitively to the needs of the resident.

The staff explained that food was suitable for people with diabetes and could be presented both whole and cut up to make it easy for residents to feed themselves.

Water and squash drinks (two flavours) were available during the morning and we observed staff reminding residents to drink and encouraging residents with diabetes to drink water. Visitors such as us were also offered drinks.

There are recording systems in place for staff to monitor food and liquid consumption. The Manager confirmed that this was very important to reduce the likelihood of weight loss or dehydration. He confirmed that through this approach there had been no need for any residents to be admitted to hospital to be rehydrated or with urinary tract infections which can occur when residents do not take enough liquids and food.

The Manager said that residents do complain about the meat sometimes; they would prefer to have meat on the bone rather than fillets or cut up. Some comments received from residents were 'The food is nice.' 'The food is OK.' 'I look forward to lunch.' 'I am so so about the food.'

There was no longer a residents' kitchen where residents could make their own food and drink. None of the residents mentioned that this was a problem.

Meeting residents

In total, the visiting team spoke with 15 residents. Residents were able to talk both with the visiting team, each other and visitors.

There was a general consensus from residents' responses indicating their satisfaction with living in Alver Bank. Their comments included: 'I am very happy.' 'I am happy and living here is important.' 'I am quite happy.' 'I belong to places like this, I spend quite a bit of time here.' 'I am quite happy.' 'I feel safe here, I could no longer look after myself at home.'

During our visit, one of the residents received a visit from her son, who completed a family questionnaire.

Some residents were observed moving around the rooms, others sat in their chairs until they were encouraged to move for lunch. The Manager explained that residents liked the furniture the way it had been laid out and moved it back if the staff changed it. He said that some residents were territorial in respect of where they preferred to sit, but this changed when they went to the dining room. Also, residents would sit in different rooms and

next to different people during the morning and after lunch.

Friendships

When residents were asked about friendships in the home the following responses were received 'There are more happy people - you can find them grouped together.' 'I don't know them, I only know the people I have lunch with.' 'I don't mix much.' 'I don't know, I say hello and try to be kind.' 'Yes a few, some of them were born here so they are used to it.' 'Yes. Yes, I lead a perfectly normal life as I would have lived anywhere else'. 'Not really encouraged to mix together. Not everyone has the ability to communicate.'

One relative commented that 'I don't think my Mother has a friend as such, but she gets on with everyone.' Another commented that as some of the residents had been members of the Salvation Army they had similar life experiences which bonded them together. Another relative said 'Knowing the person sitting next to you is not a friendship. Dementia does not allow for this kind of friendship.'

The Manager explained that currently three residents prefer to spend most of their time in their own rooms. This was through personal choice rather than due to being bed-bound.

Activities

There is an Activities Co-ordinator employed by the home who, as well as working during the week, does alternate weekends. It was her day off on the day of the visit. Residents were asked about what they did during the day and whether there was an opportunity for them to go out of the home.

In response we were told 'I like to sit back and enjoy watching the others.' 'I love watching.' 'I sing and I dance.' 'I was a very good sportsman, I played hockey not football but I can't do that anymore.' 'I am lucky, because my daughter visits regularly and I'm able to go out.' 'Sometimes I sit in my room and watch television.' 'I drink very little alcohol, only when I meet someone and we go to the pub or maybe at Christmas.' One relative said: 'I am encouraged by the staff team getting involved in the activities at Alver Bank.' Another commented that: 'Events are fun and we mingle together for the good of all.'

However, another fed back: 'I could be wrong as I can only visit once or twice a month, but there seems to be little activity taking place.' And a staff member commented: 'There are not enough activities for residents. They do not get taken out.'

Visits

As many of the residents were unable to venture out, they were asked whether they received visits from friends or family.

Responses included: 'My sister comes to visit; she can walk here from her house.' 'My children and grandchildren.' 'A few people come to visit but most of my family are in Canada.' One relative said that she did not visit but kept in contact by phone and her relative also received visits from a former work colleague who also informed her of any concerns.

The Manager confirmed that visitors are encouraged to come between 10.30am and 7.30pm because it is more convenient for the other residents and staff. Children are welcome visitors. However due to the limitations of the building there is no facility for relatives to stay overnight. The Manager said that he had made efforts to engage with the relatives over his time in the home by holding meetings and events but, to date, these have not attracted the level of support he would have liked. He confirmed that there were a core of about seven families who visit frequently.

However, there is not a private space for residents to meet with their family and friends other than in the residents' bedrooms. When this was mentioned to the Manager, he said that outside of mealtimes, families could meet in the dining room or, if the weather was suitable, in the garden. He also said that they could have picnics in both areas if they wished. One resident confirmed this and said that 'When my son comes to visit he brings me food and we eat as a family.'

Staff

The staff's interactions with residents were observed to be positive and there appeared to be a good understanding of the residents' individual needs and personalities. Residents were addressed respectfully. One staff member responded in our survey: 'I like my work because some of the residents have a sense of humour. And also, I can have an interesting conversation with others too. I know the residents quite well, their likes and dislikes.' Another commented: 'I talk to residents all the time.'

Responses from the residents about the staff included: 'They are very good, they do their best'. 'A lot of the staff have been here a long time. It can make it difficult if you do not agree with them.'

Responses received from relatives were generally positive, for example: 'Staff regularly enter into the fun of general life and are there to smooth out any rough spots. I'm always welcomed with big smiles and a cup of tea.' Another commented: 'I am very happy with the home's approach to caring for my mother. Trips to see her can be few and far between and it is important to know she is well looked after'. Another felt that her mother seemed to be coping with the care she was getting. Further comments ranged from 'The carers are very cheerful and she likes them' to 'Some of the cleaning staff are very rude' and 'The facility appears to be an

excellent care home. Staff are always attentive and friendly. My mother has shown vast improvement in both her personal care, health and cleanliness all due to the staff attentiveness.'

One staff member commented: 'I have had lots of very good training,' but added 'Staff do their best but the management have cut down on equipment, staff levels, activities etc.'

Alver Bank's Response

The staffing level has not been cut down, there has however been a major reshuffle in various departments to maximize staff hours to meet residents' needs. Equipment for residents' usage is bought by the home after various assessments for individual residents. In the last six months, Alver Bank have purchased 2 pieces of equipment for residents.

Activities in the home are based on the choice of residents. During the year activities and outings are based on the season and residents choose where they would like to visit in the summer or winter period.

The Manager said that there was a stable staff group most of whom lived locally. Only five staff had left in the past two years and these had been replaced by staff who had been working as part time or relief staff.

Other local health and other services

Not all the residents we spoke to were able to fully understand our questions or communicate with coherent responses. Therefore, opportunity to gain an understanding of their views about how community services supported them whilst they lived at Alver Bank was very limited.

Comments made by residents were 'It is a long time since I went to the GP because I haven't had anything wrong with me' and 'My dentist is very agreeable.' One relative commented: 'I am happy with the level of support my mother receives from other community services such as the GP, dentist and pharmacist.' One said that her mother was still waiting for her teeth and glasses. However, one relative said that they were unhappy with the level of care from the GP Practice and had made a formal complaint. Another was concerned about a delay in the transfer of medical records from her relative's former GP to her new one, which she felt could put her relative's eyesight in danger as she was receiving outpatient care at hospital.

We asked the Manager about his experience of community services to the home. He said that he was very happy with the support from the GP Practice and there were regular visits by the GPs to the residents. Another staff member said of these services, 'They are all OK.'

There had not been any admissions to hospital in the past twelve months. The Manager said that there had been some poor experiences with out-of-hours services and discharge from hospitals when he first arrived at the home two years ago but these had been resolved as and when they occurred.

He was confident that the staff were clear what to do if someone was in distress, in that they would call the out-of-hours GP or in an emergency they would call an ambulance. All the responses from the relatives indicated that they felt that Alver Bank was a safe environment and they were confident about the arrangements in an emergency. One relative stated 'I think that my mother is safe at Alver Bank. I am kept informed regarding concerns and I know what the arrangements are in an emergency'. Another said: 'I have been phoned late at night to be kept informed and assured all is well and which hospital/ward to visit. The home think of everything, including my transport.'

Money matters

The Manager confirmed that currently there were only two residents who were not funded by Lambeth Council. As many residents with dementia lose the capacity to manage their own financial affairs, the Manager was asked whether any problems arose. He confirmed that some residents' relatives who had made arrangements to manage and control their finances (Lasting Power of Attorney). On occasions problems have arisen when residents have been left without finance for long periods of time. The Manager said that when this occurs, contact would be made with the relative, who is also informed that the local authority would be notified under the home's adult protection procedures.

Recommendation 5

When difficulties arise in respect of residents' finances who are subject to Lasting or Enduring Powers of Attorney, the Manager should also contact the Office of Public Guardian which monitors and regulates these arrangements.

Conclusion

The visiting team found that residents and their families believe that people living with dementia at Alver Bank are safe and appear satisfied with the care they receive.

Often people with dementia find it difficult to make friends and take part in collective activities. Although the team were not able to talk with the Activities Co-ordinator, we observed staff responding sensitively to the needs of different residents and noted that residents who prefer to sit back and watch were able to join in group activities as and when they chose.

The Healthwatch Lambeth Enter and View visiting team would like to thank the staff of Alver Bank for their patience, courtesy and openness during our visit. The period of time we spent with the staff and residents allowed us an opportunity to observe, albeit briefly, the work of the staff and the daily experiences of the residents.

Dementia Services Review Workshop

The findings and recommendations from the report will be considered as part of Healthwatch Lambeth's wider review of dementia services in Clapham Park at a free public workshop on Monday 22 September 2014, 2pm-5pm, at the Assembly Hall, Brixton. Full details of this event are available at www.healthwatchlambeth.org.uk/enterandview or from the Healthwatch Lambeth office (contact details on back page).



Recommendations

For ease of reference the recommendations appearing in the body of the report are repeated below:

Recommendation 1

The Activities Co-ordinator and staff should review the existing visual memory aides around the building to identify whether they need refreshing.

Recommendation 2

As and when residents begin to become confused about where their room is, staff should discuss with them and their relatives what pictures or symbols they would easily recognise to identify their rooms.

Recommendation 3

When considering options for new furniture purchased for the lounge areas, thought should be given to ensuring that the furniture colour contrasts with the colour of the walls and the carpet.

Recommendation 4

Staff should consult with residents with impaired sight about whether they would like to have the opportunity to have audio books and if so, assist them to join the local library.

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