

| Healthwatch Cheshire West Enter and View - Revisit Report |   |
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| Enter and View Visit to                                   | The Old Rectory, Rectory Lane, Capenhurst, Chester CH1 6HN  |
| Date  | 10 <sup>th</sup> March 2015   |
| Authorised Representatives                                | Alan Murphy, Chris Banfi, Margaret Mc Dermott, Jenny Young  |
| Staff Present   | Dr. Kumar - Owner, Siju Jacob - Director of Services  |
| Background  | The home is owned by Dr. Kumar (Old Rectory Ltd,) .The accountable person is Siju Jacob (Director of Services) who is based at Safe Harbour. When we arrived we were greeted by Suja Paul who told us she was the manager as from Jan 2015. This was a surprise as we expected to see Claire Iveson. However, Dr. Kumar told us Claire had been ill and was now working at Safe Harbour but was returning to the Old Rectory in July as Deputy Manager. Suja explained that she was still waiting for her contract to be finalised and signed.  |
| Overall Impression  | This is was a follow up visit, following our previous Enter and View on 8 <sup>th</sup> July 2014. Not a lot has changed. Although the Healthwatch report was on the notice board in the office, neither the new manager nor the owner, Dr. Kumar, had apparently looked at it.   |
| Any ideas or suggestions for improving service?           | <p>The Old Rectory relies heavily on the goodwill of its dedicated staff. However, there are a number of points that must be acted on. Dr Kumar, as the most experienced member of the team should take the lead on these.</p> <ul style="list-style-type: none"> <li>• <b>The new sluice/bed pan cleaner should be installed as soon as possible - Dr Kumar to inform us as to the date.</b></li> <li>• Suja should be registered as the manager and have a signed contract of employment in place as soon as possible.</li> <li>• An activities coordinator should be employed as soon as possible. (Suja told us that present staff could do the job but were reluctant to lose paid carer hours. Perhaps they could be recompensed adequately?)</li> <li>• Communication with Safe Harbour needs to be improved - no one answers the phone there! This is important because Siju Jacob, the responsible person for The Old Rectory <u>is based there</u>. Also, Suja relies on the admin member of staff who is based there.</li> <li>• Suja needs a full time, experienced admin assistant to help her. Although she is working very hard to improve the care plans, DoLs reports and health and safety report systems, she cannot do it without support.</li> <li>• A relatives' meeting should be arranged as soon as possible to explain the change of management and to increase confidence.</li> <li>• A training time table should be in place involving all staff.</li> <li>• Car park and drive needs resurfacing maintenance.</li> <li>• Disabled ramp is steep making it difficult for relatives to use a wheelchair for access with residents.</li> <li>• Website needs updating. (Last done in 2010)</li> <li>• General décor suitable for dementia, lack of stimulating memorabilia.</li> </ul> |

## General comments including Environment and Health and Wellbeing including activities and community links.

**Staffing** - Suja told us that she has administrative help from two secretaries from Safe Harbour, one who works three days a week and one does two days. There was nobody there on our visit and Suja said that this was not unusual. She had not been informed that an administrator was not coming that day. She had tried to get through on the telephone to Safe Harbour but no one was answering the phone. Dr. Kumar also tried many times and also could not get an answer! Suja also stated that she needed someone with good computing skills.

**The change of management has meant another change in administration style.** Suja seems to be determined to create an organised transparent system and has the safety of the residents at heart. However, the task is very demanding and she needs the help of a deputy or admin assistant to complete it in a timely manner.

There is still no website for the home. This would require someone with computer skills to complete.

Although Suja does not have management experience, she has worked in hospitals and care homes, and hopes to complete her NVQ level five. Dr. Kumar has told her that the home would pay half the fees towards this.

**As previously reported, The Old Rectory has a dedicated and hard working staff.** Suja told us that she felt the staffing levels were adequate.

**In the daytime** - there were 4.5 full-time equivalent (fte) carers and 1.5 fte trained nurses. **Night-time** - there are 3.0 fte carers and 1 fte trained nurse.

Care staff complete twelve hour shifts.

Suja said there was a problem as they were soon losing four staff and one member of staff was absent with stress related illness. She was advertising and would be using bank staff for the short fall.

The home employs a housekeeper who has five domestic staff who clean and do the laundry. Suja told us that the housekeeper was an extremely helpful member of staff. She has recently been in even though she is on sick leave.

The home also employs a full time maintenance man who was reported as a great asset to the home and is able to work well on his own initiative. We were told that he trains new staff about fire drills, zones etc. He has good experience and can help with handling training.

Two cooks are also employed. In addition, Representatives were told by staff that a gardener has also just been employed once a fortnight to help cut the lawns in the summer and that an outside company does electrical testing.

Suja told us that training for staff needs updating and she is looking into this and that all staff need safeguarding training. The maintenance worker told us that he does fire training with staff, but that the home needs everyone to complete a fire marshal training course.

Dr Kumar told us that he would arrange training in first aid and manual handling.

The standard of food and hygiene remain good and relatives spoken to by Representatives are still pleased with the care of their loved ones. However, one relative told a Representative that no activities seemed to be available and that this, ***“Was a worry for her.”*** Also, she mentioned that there were forms in the rooms of residents - pertaining to food and liquid consumption and other things, which were not always filled in because the staff were busy.

A differing opinion was given to us by another relative who commented, ***“I’m not worried. It’s marvellous here!”***

Another relative spoken to was delighted with the care her husband was receiving, she said, ***“He wouldn’t be here if they didn’t look after him properly.”*** She felt, ***“Housekeeping, maintenance and nursing done by efficient and motivated staff.”***

**Activities, events and entertainment - Representatives feel that the lack of activities remains a big problem.**

At the time of our last visit, a new activities co-ordinator had been appointed. This person, although still working at the home, appears no longer to do this job. The money that had been

raised for fund raising is at present we were told, in the safe but Suja has not been able to find out who has the key! Representatives understand that the money remains inside. This seems a ludicrous situation. Dr Kumar told us that, "***We need to plan these things.***" He said, "***This is a number one need,***" and told Suja while we were there, "***That she must find someone to do the job.***"

However, although broadly accepting the need for progress in this area Dr Kumar further commented that he is reluctant to contribute to the fund preferring it to be solely from fund raising.

Suja said that she had advertised for an activities coordinator at the local job centre but as yet has had no response. She has no local knowledge, however, and so would find it difficult to arrange local groups to volunteer any help.

At the time of our last visit we were told that the results of a satisfaction survey had been collected and that this would be completed shortly. Representatives feel that the lack of evidence available suggests that this has not actually been done. Suja is not aware of any survey.

There have been no relatives meetings for a long time. Suja would like to arrange one but needs help from an assistant to type the relevant letters.

Since our last visit Representatives understand that the Health and Safety Executive has expressed concern about the control of legionella and asbestos. The maintenance worker told us that he has written up an action plan with regard to this and is dealing with the points. **Although this seems to be commendable, Representatives felt that this should not be solely his responsibility.**

**A serious problem is identified by Representatives as the lack of an adequate sluice. There is nowhere for bedpans to be properly cleaned. Dr Kumar told us that a new, 'State of the art' sluice has been ordered but he could not say when it was to be installed. He assured us that he would inform us when he had a date from the company.**

With regard to safeguarding, previously Suja has realized that not all the pages for each report were filled in. She has now addressed this and changed the system: now there are copies kept in the safeguarding file and also in the residents' files. At the moment, forms sent to safeguarding remain 'low level.' The previous acting manager, Clare Iveson had completed DOLs forms but they had been handwritten. Suja is currently trying to put them in the computer, but this takes time. Again, help from an admin assistant would speed up this process.

**Other Comments observations by Representatives** - The home was clean and tidy. There were two small lounges one of which had a patio area off it for residents to use in good weather, this was secure. There was also a pleasant garden area with adequate seating. This was not secure and we were told that residents only used this if accompanied.

The home was well decorated throughout and all toilets and bathrooms were clean and had correct aids for the residents if needed. There was also a small dining room. Bedrooms on the first floor were large; these had been used as double occupancy but were now all single rooms. Bed bound residents were on this floor. A staircase and small lift gave access to these rooms. All window frames had been replaced. The kitchen and laundry were clean, tidy and well organised. In the entrance hall the complaints procedure was clearly visible. There were also two large notice boards with not much on. When Representatives enquired about this we were told that staff photographs had been up but a past manager did not like this so they were taken down. Hand disinfectant was available. Outside the grounds were well kept and tidy however, the drive was in a bad state of repair. The maintenance man told us he had tried to fill the holes. The only place where there was a bad smell was in the sluice room, which did not have a sluice! There was no hairdressing room.

### Additional Comments

Good inter action was noted between the staff and residents and also between the staff. We observed a happy, homely atmosphere and caring staff. The staff answered our questions openly.

Communication with Safe Harbour needs to be improved - while representatives were on site a number of attempts were made to contact with no one answering the phone. **Representatives would like to make another visit in three to six months time in order to see if the planned improvements have taken place.**

### Feedback from Provider of Service

*Re: Healthwatch Report dated 10<sup>th</sup> March 2015*

*Thank you for your letter which I found very helpful and informative. I have noted your areas of concerns and have taken the following actions.*

- *Sluice disinfectant - To be installed within next two weeks by JLA.*
- *Contract for Manager - To be implemented. Dr Kumar in process of updating all contracts.*
- *Activities coordinator - New starter employed from 11<sup>th</sup> April 2015.*
- *Communication with Safe Harbour - This has been noted to staff and endeavor to improve.*
- *Experienced administrator - Old Rectory is now fully staffed for 5 days with a strong administration team. Manager fully supported by administration.*
- *Training Matrix - Training is up and running timetable is being devised.*
- *Relatives meetings - A relatives meeting took place on 30<sup>th</sup> March 2015 - minutes to be typed and will be available on request.*
- *Website - A new website will be collated. A time period will be set up for completion. Brochures will also be implemented.*
- *Car park and drive - Dr Kumar is aware of the situation and is liaising with the maintenance officer.*
- *Disabled ramp - Dr Kumar is aware of this situation.*
- *General Decor and lack of dementia memorabilia - New activities coordinator to assess on arrival. To liaise with Manager and Dr Kumar for funding to obtain items needed. A relatives board will be devised to show up and coming events regarding activities.*
- *I am pleased that you were happy with the care provision provided. We will be giving a very constructive approach to all that we implement.*

*Dr A Kumar  
Proprietor  
Old Rectory Dementia Care home.*