

Report of Enter and View Visit

Youell Court Residential Care Home

Published 26 October 2015



Care Home Visited	Youell Court Residential Care Home
Date and Time of visit	10.00am - 3.15pm. Tuesday 18th August 2015
Address	Skipworth Road, Binley, Coventry, CV3 2XA
Size and Specialism	Salvation Army care home with up to 40 places for adults 65+ During our visit the ground floor unit was not in use and there were 29 residents. Providing support and care for people with dementia
Authorised Representatives	David Spurgeon, Elsie Beaumont, Angie Haselock and Nick Darlington.

Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

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What is Enter and View?

The Health and Social Care Act 2012 allows local Healthwatch authorised representatives to observe and report on service delivery and talk to service users, their families and carers in premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. This is so we can learn from the experiences of people who interact with these services at first hand.

The Healthwatch Coventry Steering Group has agreed that Enter and View Visits to care homes for older people form part of the current Healthwatch work programme.

Healthwatch Authorised Representatives carry out these visits to find out how services are being run and to gather the perspectives of those who are using the service.

From our findings we look to report accurately a snapshot of users' experiences, highlight examples of good practice and make recommendations for improvements.

Reason for the visit

To gather information about the experience of living in care homes in Coventry including quality of life factors such as activities and choices. To look at homes from the perspective of 'would I wish my relative to live here?'

Methodology

We collected our information by speaking to 4 of the 29 residents and 5 members of staff. We have received 7 completed questionnaires, 3 from staff and 4 from relatives of residents.

Information was recorded on semi structured questionnaires asking open questions to establish what people liked most and what people felt could be improved.

Before speaking to each person we introduced ourselves by name, explained what Healthwatch is and why we were there. We established that the resident or staff member was happy to speak with us. We confirmed that their name would not be linked with anything they told us and that they were free to end the conversation at any point. We wore name badges to identify who we were and provided the care home manager with a letter of authority from the Healthwatch Coventry Chief Officer.

We made observations throughout the visit and made notes of what we saw around the home.

Before and after the visit we had a look at the website for the home to see how it compares with our findings.

We left some questionnaires for completion by visitors which can be posted back to our Freepost address.

Summary of findings

The home has a Christian ethos as it is a Salvation Army home but anyone is welcome there regardless of religious beliefs.

This was a friendly, bright and spacious home. Premises were fit for purpose, clean with no unpleasant odours.

We identified that there is a need for more staff in the home. There was no official manager; the Head of Care was the acting manager at the time of our visit.

There was a secure, locked entrance to the home and staff greeted visitors when they entered.

The home has a dedicated activity co-ordinator and provides regular activities and outings.

Until a month ago meals had been prepared on site, they then changed to using an outside catering provider. Residents, staff and visitors expressed that they would have preferred to have kept this on site.

There have been discussions around changing the layout of the home. Our findings show that residents, staff and visitors would like the home layout to stay as it is.

The third floor had dementia friendly signage but most of the signs on the other floors were in smaller print and without pictures.

The completed questionnaires we received, rated all aspects of the home environment as good or excellent.

Overall Impressions

A bright, clean and spacious home. Well laid out with separate areas to create a homely feel.

Staff were friendly and approachable and residents looked content.

Results of visit

We entered the home through a secure door where a button needs to be pressed from the inside to allow access. This led us into a foyer area where there were two lifts and a signing in book. On signing in we were let in through an additional door. The home felt secure and staff were in the foyer to greet visitors.

We were introduced to the acting manager and taken into the main lounge area which was spacious and clean and contained lots of high backed chairs set out in circles around coffee tables. There was a further small dining/lounge room located through a door off this room which staff told us would sometimes be used if relatives wanted to have a meal with a resident. We were told that both of these rooms were used for social gatherings and the residents from each of the upper floors would come together there.

The home was on three floors and has 43 single each with their own en-suite shower and toilet facilities. There are two units on the second floor, two units on the third floor and one on the ground floor. The manager explained that the ground floor unit was not being used at the time of our visit because a CQC report had highlighted the need for more staff on the upper floors. She told us that the ground floor is soon to be reopened and new staff and residents will be coming in.

The units on the first floor are described as residential and for those residents in early stages of dementia and needing less care. The third floor residents have more progressed dementia and need more care.

Throughout the home the carpets and walls were in contrasting colours. We observed that there was no distinction in colour between the different suites on the first floor but there were signs to indicate what different rooms were. The home was designed with floors laid out in a circular loop so that if you kept walking you would return to where you started from.

This is a Salvation Army home and is featured on the Salvation Army website <http://www.salvationarmy.org.uk/youell-court> and also on www.carehome.co.uk/carehome.cfm/searchazref/10002502YOUA , the pictures and description matched our findings although some of the information on both websites was out of date i.e. manager information.

All rooms are single with en-suite wet room, sink and toilet. At the time of our visit there were two couples living at the home, the manager told us that they were offered adjoining rooms but have chosen to occupy rooms which are further apart, one couple have rooms on separate floors due to their individual care needs.

Resident's rooms have a door with a brass knocker and a photo of the resident. Staff told us that they are looking into having memory boxes outside each room to contain some items which relate to the resident's personality.

We found all of the rooms in the home to be spacious and clean and kept at a consistent temperature. Decor was fit for purpose and we were told that all of the rooms are due to be redecorated in the next few months as part of the Salvation Army's three yearly programme of refurbishment.

Each unit has a lounge and dining area. Staff told us that there are plans to change the layout of the home so that meals take place in one dining area at one end of the floor and one combined lounge is located at the other end. Staff expressed their concern over having to move residents from the lounge at one end of the floor to the dining area at the other and then back again as this would make more work for them and could be uncomfortable for those residents with mobility problems. They also expressed that some residents can call out and cause disruption to other residents, it is easier to manage this in small groups.

Staff, residents and visitors all expressed that they like the home layout as it is and do not think that it would be good to change it. They like the small group layout and staff find it easier to provide care in small groups in the separate lounge and dining areas. They also commented that the smaller units give the place a more homely feel.

We were told that there are no longer staff meetings as it was proving difficult for staff to attend due to having enough cover and working shifts. Staff would like to have staff meetings. We were also told that there used to be a suggestion box but this is not there anymore.

Staff told us that they have annual appraisals and regular training which is done via a video. One staff member told us that they find the training stressful when they have to watch a film and then answer questions afterwards.

Food and drink

Food used to be prepared and cooked on site but for the last two months they have purchased pre-cooked food which is heated and served. We were told that they had made this change so that they could better accommodate specialist diets such as gluten free and diabetic. Comments we received from visitors and staff show that this change to the catering arrangements has not been well received and they would prefer the home to have continued to prepare and cook meals on site.

Lunch was served at 12.30pm and there was a choice of two main meals and two deserts. There was a choice of chicken with black bean sauce and rice or gammon with pineapple, mixed vegetables and mashed potato. The meal was tasty and served at an acceptable temperature. There was not a cold meal option but we were told by staff that if a resident refused a meal they would be offered alternatives. However, choices are limited as they no longer do the catering on site.

The kitchen/ dining room was clean and tidy and the lady serving the food was wearing gloves and had her hair tied back. Food was well presented and looked appetising.

We observed the carers being polite and respectful to the residents, talking to them by name and encouraging them to eat. One person had a 'plate guard' so was able to use a spoon to eat the meal. A carer observed that, due to the plate guard the resident could no longer see that there was still food on the plate so, after asking if it was ok, she turned the plate round. The resident cleared the plate completely of food and did the same with desert and used a feeder cup to drink the juice provided - tea was offered after the meal was finished. We observed a carer transfer the desert into another cooler bowl, to try to cool some custard down before giving it to the resident. Another had semolina and was given the option of having banana cut up into the semolina. The activities organiser assisted the one carer in the room to ensure that the residents were fed and happy. Residents were chatting to staff after they had finished eating. Residents cleared their plates and seemed to enjoy their meals.

Tea, soup and sandwiches are provided at tea time and they have recently started to cook breakfasts again on site. Staff said that the cooked breakfasts were eaten by a number of the residents.

Care

A GP visits every week but, provided their GP agrees to visit, residents can retain their own local GP. Family members are encouraged, if possible, to go with residents to hospital, dental, appointments but if not available the care staff will accompany them.

A District Nurse deals with issues regarding changing catheters but care staff are trained to change colostomy bags when needed. We were told by staff that residents usually inform staff when they need changing, otherwise staff monitor them.

We were told that there are 36 care staff who work a three shift system. At the time of our visit the staff team consisted of 4 male and 32 female carers and there were 6 new staff due to start. At present staff move between the two floors when they are on a shift but consideration is being given to trialling a system where staff are dedicated to each area.

Completed visitor questionnaires told us that laundry is carried out promptly and efficiently so that a wide choice of clothing is always available. The layout of the home makes it more homely and intimate. "Staff are dedicated to the wellbeing of the residents, they are kind and understanding". "1st class care and facilities; no hesitation in recommending".

Completed questionnaires also said that the handyman has too much work to do and needs the help of a gardener. Staff and residents feel able to raise any concerns and that they will be handled well. Those who completed questionnaires rated standard of care, quality of meals, quality of activities and overall environment all good or excellent.

The acting manager and other staff told us that there are domestic staff who take care of all the laundry in-house and the cleaning throughout the home. There is also a handyman and a full time activity co-ordinator.

Staff told us that they felt the home needs more staff. There were usually 5 carers and a team leader on a day shifts 7.30am - 2.30pm and 2.30pm - 9.30pm and they don't always have chance to have a lunch break. If there is any food left after residents have had their lunch the staff are able to have a meal. Sometimes staff bring lunch or go to the shops.

The acting manager told us that there were usually three staff covering two floors on a night shift 9.30pm - 7.30am. We felt concerned about this as it indicates that there would always be one member of staff left on their own on one of the floors at night. She also told us that six new staff are being recruited and the ground floor unit is being re-opened

Activities

The home has a garden and residents enjoy sitting outside when the weather is nice. Residents can go out but only if staff are available to go with them.

We were told that there are lots of activities taking place throughout the week such as icing cakes, pass the ball, manicures and staff encourage residents to join in. Staff said that most residents will take part if they are awake.

A hairdresser visits twice per week and the home has dedicated room to use as the salon. The Activity co-ordinator organises Pamper sessions, canal trips, movie days and Services with the chaplain, icing cakes, pass the ball games etc. We observed residents taking part in pass the ball and having their nails painted while we were there.

Staff told us that outings are arranged monthly and a mini bus is hired for these. Residents told us that these trips are usually for shopping and some residents in the first floor unit told us that they would like there to be other outings organised for days out.

Gambling and alcohol consumption is not allowed on the premises as this is a Salvation Army requirement. The manager told us that the residents do play bingo but there is not a charge to play and everyone receives a prize. Raffles are also done in the same way.

We spoke to the activity co-ordinator who seemed very enthusiastic about her work. She told us that she arranges activities and outings such as canal trips, pamper sessions, reminiscence groups and 1-to-1 activities with residents. She told us that there have been four canal trips this year as well as trips to the theatre and shopping trips to town. Residents have also been taken on trips to the pub. There was also a farm visit recently and they brought large and small animals to the home for the residents to interact with. The acting manager told us that the home is now looking into buying guinea pigs because the residents enjoyed the animals so much.

Staff told us that all activities would run in the mornings. One care worker told us that nothing happens in the afternoons and they would like residents have some activities in the afternoons.

Each of the lounges has a television and a selection of comfortable high backed chairs around the room.

On the third floor there was an old telephone, rocking horse and some deck chairs laid out in front of a sky blue wall to remind residents of being at the sea side.

Dementia Friendly Design

We were told by staff that all of the residents' areas are in the process of being updated with the aim of becoming more dementia friendly. This process has already been implemented on the third floor to ensure that they have dementia friendly signage.

Signage on the first and second floor was not dementia friendly but this was being reviewed.

Handrails were painted dark green to contrast with the light coloured walls and floors, walls and furniture were in contrasting colours.

The same colours were used throughout the home so it was difficult to distinguish which part of the building or which unit you were in. Our Authorised Representatives felt that it would be better to have colour schemes to differentiate the separate units and areas within the home.

Healthwatch Recommendations

Following our visit we would like to recommend:

1. We were told that the Salvation Army will be refurbishing the home and would like this to include the introduction of colour schemes for each unit. It would also be better to have colour schemes to differentiate the separate units and areas within the home.
2. It was mentioned that signage will be reviewed on the second floor; We would like notification when this has been actioned.
3. We would like to see a resident and visitor satisfaction review once the new catering arrangements have been in place for 6 months.
4. As it was the consensus among residents, staff and visitors, we would like the home layout to stay as it is.
5. More staff on each floor especially during the night shift and a review of staffing to ensure that staff are not left on their own on any floor at any time. This should also improve the opportunity for staff to have breaks.
6. Face to face training rather than remote training would be more engaging for staff. Staff meetings to be planned to discuss this.
7. The reintroduction of a suggestion box and staff meetings so that staff and residents can put their opinions forward.

Response from Care home Manager

Please find below comments in respect of the seven recommendations in your report:

1. There is not yet a date for the decoration of the Home, external works are currently being undertaken, we will be mindful of your comments in relation to decor.
2. When signage has been reviewed we will notify Healthwatch.
3. Resident satisfaction surveys are completed every 6 months and part of this will reflect the new catering arrangements.
4. The Home layout is still under review.
5. Staffing levels meet national guidance and dependency levels.
6. Training is not remote if facilitated properly - this will be followed up in house. Our training using Aged Care Channel meets CQC requirements.
7. Has been actioned.

Best wishes

Alison Mallinson
Assistant Director Older People's Services

Acknowledgements

Healthwatch Coventry would like to thank the service provider, service users, visitors and staff for their contribution to the Enter and View visit.

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