



Healthwatch Service Visit Report to:

**Canwick Court Care Home
December 2015**

Intentionally Blank

Summary

The following report highlights the findings and observations from a recent visit to Canwick Court Care Home. The report, where appropriate, includes engagement and feedback from the staff and carers and family members as well.

The work was carried out to supplement our on-going enter and view programme of activity and in relation to our review of support and care provided in the community.

Where the report identifies themes which Healthwatch believe should be raised as a matter of importance not only with the provider but also where appropriate, with other commissioners and or providers these will be included.

Healthwatch Lincolnshire (HWL) is mindful that factors outside the control of the community care home environment can have an impact on the service provided and consequently the patient experience; where these occur we have included them.

In essence, there were some core themes listed below which came out of the visits and as part of this work we have requested that the provider comment on the findings in the public interest. Their responses are also included throughout as appropriate.

Key Themes from the visit and patients spoken to at the time:

- Overwhelmingly the residents seemed happy and settled in their environment with high praise for the staff.
- Residents and staff appreciated the opportunities available for activities and interaction for residents.
- We noted the restricted capacity of the physical building both in terms of challenges of staffing across floors, but also the lack of capacity for staff facilities.
- We noted the resident experience was positive in all areas and where there were suggestions made about activities and how to improve their day to day lives, these have been included within the report.
- Difficulties accessing mental health teams, flu vaccinations and dentistry were all noted and included within the conclusions and recommendations.

The suggestions and recommendations, along with feedback from the Provider can be found on Page 11 onwards and provides a complete picture of the findings.

Thanks goes to the cooperation of the provider, its staff, our HWL enter and view representatives, residents, carers and family members for their open and constructive contribution to this report.

Contents

1. Background.
2. Methodology.
3. Respondents.
4. Findings from Respondent Experience Survey.
5. Findings from Staff Experience
6. General Overview of Observations & Conclusion.
7. Final Recommendations.

Place of Visit:	Canwick Court Care Home
Address of Provider:	78 South Park, Lincoln LN5 8ES
Service Provided:	Residential and Nursing Care
Date:	December 2015

1. Background

This piece of work has been carried out by HWL who has a statutory function to enter services. These visits are carried out with the sole intention of collecting information relating to the quality of services provided and gathering the views of patients, relatives and carers of those people accessing and receiving the services.

2. Methodology

HWL authorised representatives are appointed to undertake this piece of work. A questioning framework is produced to enable the representatives to effectively talk with patients, relatives, carers and care providing staff and to make observations during the visits. The framework is not exhaustive, but does provide a background for directing theme-specific questions - in this case the *'patient journey'*. This included how residents came to be with the provider, how they spent their days with the provider and the facilities and services provided during that period of care.

In addition to our focussed piece of work, the visit naturally notes observational perspectives of the provider and where views are expressed by the service user about other elements of care or the environment, these were also recorded.

In the interest of confidentiality we remove the names of those making specific comments although generic comments themselves maybe included within the report feedback.

The Provider.

Canwick Court Care Home is situated on the outskirts of Lincoln near open parkland and on the main road networks. Canwick Court has a registered manager and is owned by St Philip's Care Group.

What St Philip's Care Group say about their services, referenced from their website <http://www.stphilipscare.com/about-us>

"Founded in 1995, St Philip's Care Group is dedicated to providing excellent care, whether it be nursing or social needs. We have specialised units for those who may be more vulnerable in our society. Our philosophy is to build stronger relationships with residents, their families and friends as well as health and social care workers, commissioners and local communities. The St Philip's Care Group now comprises 28 homes across the UK and, as a vibrant, forward-thinking company, whose Operations Team are all experienced Managers with a care/nursing background.

It is our policy to modernise, refurbish and introduce new additions to each home we acquire, bringing to all the high standards of facilities we demand. All our homes have plans in progress to introduce new adaptations and enhancements. Whether our homes are purpose designed, or historic country houses which have been at the heart of local communities for decades, the safety, comfort and well-being of our residents is paramount in our development programme. Inside our homes we pay great attention to the opinion of our residents, to ensure the choice of our interior design creates a warm and welcoming environment.

Through our administrative, financial and operational headquarters in Wolverhampton we ensure that the St Philip's standards are consistently achieved, maintained and audited across the entire group by means of Home monitoring Tool, Regional Manager Quality visits, internal homes audits and customer care surveys. We ensure our staff receive up to date training, whether it be in-house or by an external provider. Dignity and customer care training continues to be high on our agenda."

Canwick Court is currently registered to deliver personal care to 31 adults although currently take 26 residents across 3 floors, 7 of which are en-suite. The home is also registered to provide day care, however, at the time of the visit we understand this wasn't an option that was frequently taken up externally.

3. Respondents.

Prior to any conversation being held with a resident, we introduce HWL and ask permission for any dialogue to continue as we respect that not all people will want to engage with us in this way.

During the visit we spoke with as many residents who wished and/or had capacity to talk with us. In addition and where we could, we spoke to managerial and operational staff to provide a more holistic view and in the case of this care home we also spoke to a visiting RGN.

A total of 7 residents were spoken with during the visit.

4. Findings from Respondent Experience Survey.

The following provides an overview of the service from a lay-person's perspective. The culmination of all key findings and recommendations can be found in the table at the back of the report.

4.1. Findings for Canwick Court

The following provides the detail of the visit feedback and should be acknowledged that this information was taken at a point in time. If changes have been made since the visit and the provider has commented on them, we will include those within the report for public interest and information.

4.1.1. **General Information.**

We were told that the home catered for a broad range of needs including residential and nursing. Many of the residents had varying degrees of dementia and some with mental health conditions.

The provider tries to provide a homely feel. The resident's names and are shown outside their bedrooms and we noted a number with pictures of when the residents were younger. The home is provided over 3 floors but has no lift so the facilities for those upstairs are for mobile residents only. There are no staff allocated to the top floor as these are just bedroom areas. On the ground floor there is access to bedrooms, day room, quiet room and dining room. The kitchen is based in the basement, however, a dummy waiter is accessible for the dining room on the ground floor.

The rooms in the basement all have en-suites or wet rooms, again these rooms are for the more mobile; the basement has a garden facing aspect and a small dining room/activity area.

During the day there are 5 staff on shift, 2 senior staff and 3 carers. This equates to 3 staff on the ground floor, one staff member downstairs and one member of staff floating between floors, however, when medications are administered this removes one member of staff for the duration. Other staff members include a maintenance person, kitchen and chef staff, laundry and 2 cleaners.

During the nights there is one senior staff member on duty and 2 carers split across the 2 lower floors.

4.1.2. **What the Resident said.**

The discussions covered various themes and the responses are recorded below.

Day to Day

We firstly asked the residents whose choice it had been to come into Canwick Court. The responses were divided between admittance from hospital and those were generally keen to go home but were not currently able to through to those that had made a personal choice to live at Canwick Court and then those who weren't completely clear who had made the final decision for them to reside there.

We asked people what time they like to get up in the morning, when they go to bed and generally what they like to do during the day. Almost without exception residents told us that they can get up when they want to. For those that required assistance getting up and getting ready for bed, they said that their times were dependant on the availability of staff. This normally occurred around 8.30 in the morning and around 9.30 in the evening depending on what the individual wanted to do. All residents said they felt their daily routine of getting up and retiring in the evening was suitable for them and there were no issues. Residents also told us that breakfast could also be obtained when they were ready rather than having to be seated at a specific time.

We appreciate that how people live their daily lives is generally one of choice, however, we wanted to ensure that those within a more operational environment like a care home still felt they had the same choices and opportunities. The residents we spoke with told us they spent their days normally watching TV, sitting in the quiet

room or undertaking activities when they were on and depending on what they were; some told us that in the summer and warmer months they were able to get into the garden and participated in outside events and activities provided by the home. Others, for medical or personal reasons, chose to spend more time within their room, relaxing and sleeping seemed to be relevant to most. We were told on more than one occasion that whilst their lives might not be the most exciting, the residents said they felt safe and happy.

On the whole residents said they liked Canwick Court as they were able to 'suit themselves'. They said they liked the social side but also the ability to be quiet if they chose to. Some residents told us they could go or could be taken into town to shop if they wished. Almost all residents we spoke with said that they would like to undertake more normal activities, like going to the shops, cooking and going to church.

We were told that activities were planned but they would like more variety. Getting outside the care home seemed important to those we spoke with, however, acknowledge that this was not necessarily the view of the whole. We were told that birthdays and celebrations were acknowledged with parties, cakes and cards.

Choice

We talked with residents about their choices in terms of routine, activities, movement and involvement with the home. Everyone spoken with said their routine was fine for them and that they had no suggestions for improvement.

For many of the residents spoken with freedom to walk around was directed by their routine, therefore, the lounges, quiet room and dining hall was their living area. They felt there was no need to access any other areas such as the laundry and kitchen. We were told that if they needed anything they would just ask.

We asked about residents and family meetings and none of the residents spoken with were aware of any meetings. We also asked residents about access to communication like telephones to call family and friends. Some had their own access via mobile phones whilst others knew that they just needed to ask. One we spoke with said they didn't know they could make calls to family if they wished.

Food and Drink

We talked with residents about their meals and drinks and what their thoughts and experiences were. Without exception the residents said they enjoyed their meals within the home and told us that hot and colds drinks were available throughout the day. We observed water being replaced within a resident's room and saw tea and coffee being offered in the lounge.

We observed a lunchtime meal where residents could either choose to eat within the dining room or should they wish to or need to, they could eat within their own room. The dining room was busy but had a relaxed feel with residents sitting together on small groups of tables. The dining room also appeared to me more of a social room for others.

When we asked the residents if they had opportunity to suggest ideas for the menus, those spoken with said they didn't really need to as they felt the food they received was good.

Visitors/Carers

Social interaction is critical to the wellbeing of most individuals and we, therefore, asked the residents whether they received visitors, how often and when. For most spoken with they said that they did receive some visitors and that they were not restricted when they came, although most seemed to have a routine. For others who said they didn't get anyone visiting, they said they were contented with their busy surroundings and that was enough to keep them occupied. We asked whether residents got access to facilities such as podiatrists and hairdressers which they told us they did.

Finally

Overwhelmingly, the people we spoke with said they are happy in their surroundings and with the exception of a few more external outings and the introduction of 'normal' activities, cooking, cleaning, going to the shops and church etc, they felt their needs were catered for and they were well looked after. The residents praised the staff highly and felt they had a caring and personable nature.

Areas discussed by some of the residents was lack and fear of dentistry and also anxiety about behaviours of young people in close proximity to the care home.

4.1.3. Observations

During our visit we were able to observe activity as well as talk with residents. We observed staff interacting with residents and they demonstrated communication with the residents clearly, used resident's names and explained any activity which was happening; this included meal times and when medications were required. We noted that the menu boards in reception were different to what was being offered on the day, however, the residents still appeared to enjoy whatever was provided.

In terms of fire safety, a fire plan, staff notices and informative information was clearly visible outside the main office located in the middle of the living areas between lounges, floors and dining rooms. In places, the floors were observed to be sticky.

The quiet room offered little by way of distraction, however, was well decorated and in good repair. It had a more relaxed feel with an outlook over Canwick Hill.

We noted there was a lot of art on the walls which provided a bright and interesting environment; the lounge areas and the downstairs lounge area accessed a lot of light through large windows or patio doors both onto the front and rear of the property. The residents spoken with seemed to like the property having a front facing aspect where they could 'watch the world go by'.

The facilities for the residents felt roomy and pleasant nevertheless it was noted that there was little available for the staff. There was no dedicated staff room nor toilet which, whilst acknowledged the building is old and limited in capacity, was a drawback to enable staff to have some quiet space during any breaks.

5. Findings from Staff Experience

Through discussions with staff we got a different perspective of service delivery; some of the challenges and some of the positives they felt the home offered. The feedback is as follows:

- We spoke with the activity coordinator who told us about the types of activities put in place for residents. These included the provision of binoculars for bird watching, Christmas party, small group and one-to-one activity within rooms. We were told that they have recently started developing task orientated activity such as laying the tables and helping out with laundry etc. Also time had been spent with the residents personalising their rooms and identifying personal interests. We were told that the home would like to do more trips but as the bus is shared it could be difficult accessing the vehicle. The activities coordinator is allocated 25 hours per week for planning and delivery of activities and is currently working towards a 'perfect day' survey for the residents to generate more targeted activities. We discussed with the activities coordinator the desire for residents to do more outside of the home and more 'normal' tasks too. We suggested that in terms of access to the bus the homes could work together to better utilise the facticity and share activities, for example if an activity could take place at one care home and residents bussed from other homes to participation resources could be shared and more potential variety offered.
- It was clear from the staff spoken with and the manager that the value of activities was greatly acknowledged. In addition, the need to make it a home from home was very important with high degrees of personalisation in terms of routines and lifestyle choices within reason, for example, those who wished to smoke or keep money on the premises could do so supported and monitored by the manager and staff. The home also currently has a pet bird and is at some point looking to adopt a rescue dog for the home.
- We were told the kitchen and staff worked hard and over their allocated hours in order to ensure care plans and food and fluids were maintained and recorded.
- We heard that a recent families and residents meeting had been held where 7 families had attended. It was felt to add a useful dimension in terms of family involvement and communication with the home, the next meeting is being considered for early 2016.
- Concern was expressed over the staffing levels and whilst it was acknowledged the staffing situation had improved and they could draw staff from other sites if needed, there was still concern around actual staffing levels on the site and specifically balancing the staff across the floors in accordance with resident need.
- The other area of concern was the availability and referral pathway for those patients requiring a CPN or mental health diagnosis. Even for

those who had previously been under a CPN, their discharge would mean a brand new referral would be required which was time consuming and delayed access to treatment and care for the individual.

- Dentistry was an issue for the care home as was the capacity to get patients to the Witham Practice for flu vaccinations.
- We heard that hospital discharge could also be problematic with the need for immediate body mapping post discharge to identify any issues, access to and prescribing of medications post discharge could be challenging with mistakes and contraindications occasionally being made; also a lack of communication between care home and GP when medication changes are made. The home said that discharges from A&E after 8 pm were extremely problematic as the staffing resource wasn't available to support and in addition, residents being returned with a cannula or catheter still in place could also present challenges where district nurses then had to be called out.

6. General Overview of Observations & Conclusion.

The general findings below are intended as capturing both the positive findings and also some of the challenges within this provider and its environment.

Overwhelmingly residents felt that they were well cared for and that they were in a happy and relaxed environment where restrictions were limited and their routine was achieved by adaptable practices.

The use of an activities co-ordinator added value to the home and provided residents with alternative sources for interaction and involvement. The residents we spoke with appreciate the activities programme although they did have alternative suggestions which included task-based activities such as cooking and cleaning and also getting outside of the home was also desirable, including visits to church and excursions. We understand the situation relating to shared arrangements for the mini bus but hope these can be developed to consider combined home activity packages to improve usage and opportunity.

We acknowledge the issues relating to staff which include the staffing challenges particularly when delivering a service across a number of floors and the lack of capacity for staff facilities such as a separate staff room and toilet.

We acknowledge the issues relating to hospital discharge, dentistry and access to primary care to access services such as flu vaccinations and would draw these issues to the attention of the providers and commissioners of these services.

We felt the home offered a large facility with opportunity for residents and family members to engage as little or as much as they wished, it offered opportunity for socialisation but also quiet areas for those who wished it. On the whole, Canwick Court felt a homely and calm environment.

7. Final Recommendations.

In our view the following core observations and recommendations need to be considered by the commissioners and providers of care. The table below provides the outline of the recommendations and suggestions made and includes the responses in the public interest. It is acknowledged that the items below highlight the areas for development and comment and should in no way detract from the positive feedback and activity described within the report:

Issue Raised	Commentary/Recommendations Related to the Report	Feedback/Commentary/ Action in Response	Responsibility
Activities	We were told that the home would like to do more trips but as the bus is shared it could be difficult accessing the vehicle. We discussed with the activities coordinator the desire for residents to do more outside of the home and more 'normal' tasks too. It was suggested that in terms of access to the bus the homes work together to better utilise the facility and share activities, for example, an activity could take place at one care home and residents bussed from other homes could be invited to participate.	Awaiting provision of a new minibus by head office.	Care Home Provider and other care homes in the organisation/ activities coordinator.
Family and Resident Involvement	We heard that a recent families and residents meeting had been held where 7 families had attended; the home felt it added a useful dimension in terms of family involvement and communication. The next meeting is being considered for early 2016. HWL would happily offer to attend a meeting to provide information about our work.		Care home provider.
Staffing	Concern was expressed over the staffing levels and whilst it was acknowledged the staffing situation had improved and they could draw staff from other sites if needed, there was still concern around actual staffing levels on the site and specifically balancing the staff across the floors in accordance with resident need.	Staffing levels are adequate during the day but at night concerns have been raised about one member of staff being on the lower ground floor alone.	St Philip's Care and Canwick Court

Mental Health Pathway	The other area of concern was the availability and referral pathway for those patients requiring a CPN or mental health diagnosis. Even for those who had previously been under a CPN, their discharge would mean a brand new referral if needed which was time consuming and delayed access to treatment and care for the individual.		Provider, GP, LPFT.
Oral care & Access to Primary care Services	<p>Dentistry was an issue for the care home as was the capacity to get patients to the Witham Practice for flu vaccinations.</p> <p>HWL provided the care home with information related to dentistry support within a community setting and also raises this issue with NHS England as an issue which impacts on domiciliary and care homes throughout the county.</p>	Thank you, we now have access to a dentist.	Provider, HWL and NHS England.
Discharge from Hospital	We heard that hospital discharge could also be problematic with the need for immediate body mapping post discharge to identify any issues, access to and prescription of medications post discharge could be challenging with mistakes and contraindications being made, also a lack of communication between care home and GP when medication changes are made. The home said that discharges from A&E after 8 pm were extremely problematic as the staffing resource was available to support. In addition, residents being returned with a cannula or catheter still in place could also present challenges where district nurses then have to be called out.		ULHT/Provider.

Healthwatch ask that in addition to the specific recommendations above, that all the observations and recommendations made regarding provider which are directly within the control of LCC or within the control of other providers and commissioners be considered and acted on in equal measure.

Healthwatch wishes to thank everyone involved in the visit and particularly the respondents, Canwick Court Management, staff and Healthwatch authorised representatives. It is acknowledged that if, at any time, any resident, family member or carer wishes to talk to HWL relating to compliments, concerns or complaints they can do so in confidence.

Following the report being finalised:

- Healthwatch will submit the report to the Provider.
- Healthwatch will submit the report to CQC.
- Healthwatch will submit the report to LCC or NHS England
- Healthwatch will publish the report on its website and submit to Healthwatch England in the public interest.

Healthwatch Lincolnshire
1-2 North End
Swineshead
BOSTON
PE20 3LR
01205 820892

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

© Copyright Healthwatch Lincolnshire 2015