healthwatch
Gloucestershire

Healthwatch Gloucestershire
'Enter and View' Report

Chestnut Residential Care Home
Gloucester

Sunday 17th January 2016

Date of visit
Sunday 17th January 2016

Authorised Representatives:
Sophie Ayre (HWG Staff), Mike Morgan

Local Healthwatch address:
Healthwatch Gloucestershire, Community House, 15 College Green, Gloucester GL1 2LZ

Theme of visit:
To observe and report upon the experience of residents at Chestnut Residential Care Home, 20 Podsmead Road, Gloucester GL1 5PA, paying particular attention to heating and menu choice

Acknowledgements
Healthwatch Gloucestershire (HWG) would like to thank the residents and staff for their contribution to the 'Enter and View' programme.

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

What is 'Enter and View'?
Part of the local Healthwatch programme is to carry out 'Enter and View' visits to health and social care services. Local Healthwatch Authorised Representatives* carry out these visits to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch Authorised Representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. 'Enter and View' visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation, so Healthwatch can learn about and share examples of what providers do well from the perspective of people who experience the service first hand.

Healthwatch 'Enter and View' visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they will be reported in accordance with Healthwatch safeguarding policies and procedures. If an Authorised Representative observes anything they feel uncomfortable about, they will inform the HWG Lead Representative who will then speak to the site Lead Contact, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding concern about their employer, they will be directed to the Care Quality Commission (CQC) where they are protected by legislation if they raise such a concern.

**An Authorised Representative is a person who has undergone the necessary 'Enter and View' training, been DBS checked and approved by the Healthwatch Gloucestershire (HWG) Board. They are individually appointed to carry out a specific 'Enter and View' activity*

Purpose of the visit

The purpose of this visit was to:

- Observe and report upon the experience of residents at Chestnut Residential Care Home, in particular heating and menu choice

Strategic drivers

The strategic drivers listed below were the main triggers for the 'Enter and View' visit.

- The Care Quality Commission (CQC) visited the home in November 2015 and is currently in correspondence with the provider about some elements of the standard of care provided
- CQC had contacted the provider about heating in the home; the owner had agreed to check the heating was working and confirm this with CQC, but at the time of the visit no such confirmation had been received. This was of serious concern in terms of the wellbeing of residents and required monitoring
- Both CQC and Gloucestershire County Council (GCC) are aware that pork is not bought, prepared or cooked for residents by the manager. The manager has reported that other staff may buy and cook pork or bacon for residents, and will be reimbursed for this. This also required monitoring

Healthwatch Gloucestershire

Healthwatch Gloucestershire (HWG) was established in April 2013 as part of the Health and Social Care Act 2012 and is the local independent champion for health and social care in Gloucestershire, giving adults, children and young people a powerful voice in helping to challenge and influence the way health and social care services are planned and delivered locally. One of the primary functions of Healthwatch is to gather local people's views and experiences of health and social care. These are passed on to those who plan and deliver services in Gloucestershire, to CQC, and to Healthwatch England, to help them identify national trends.

Methodology

This was an **Unannounced 'Enter & View' visit without prior warning**.

Two HWG Authorised Representatives visited Chestnut Residential Care Home, 20 Podsmead Road, Gloucester GL1 5PA at 1pm on Sunday 17th January 2016. They explained the purpose of their visit to staff and residents, observed communal areas, spoke to residents and staff and made notes. There were no formal structured questions.

Results of visit

1. Residents

There are five residents at the home, one of whom is there on respite. Staff said that all residents have dementia. The residents appeared comfortable and relaxed in the home and all were in good health. They were happy to talk to the visiting representatives and said that they were looked after at the home.

One lady had a bruise on her forehead. When asked what has happened, the main carer said that she thought it had happened since she had arrived, but that to her knowledge no incident report had been filed.

2. Staff

There were two staff were on duty during the visit: one main carer and one apprentice.

Representatives observed staff interacting with residents. Staff respected privacy, knocking on bedroom and toilet doors before entering. One lady was assisted to the toilet when she returned from lunch with a relative. Staff appeared aware of residents' preferences, which suggested they knew them well and had good rapport.

The main carer appeared competent and experienced and had a confident, comfortable and easy manner with residents. Residents responded particularly well to her as they chatted. Both carers spent time sitting with residents during the visit, as well as conducting other tasks around the home.

3. Visitors and relatives

At 2.50pm a resident returned home from a trip out to lunch with a relative. At 3.00pm a priest from St Peter's Church visited. He brought communion for two residents, and sat and spoke to them for a short while, giving them church newsletters. Staff said that relatives of all residents visit regularly, in some cases every other day.

4. Environment

The communal areas of the home were clean and tidy when visited, with homely touches (pictures on the wall, flowers in vases). There were no underlying smells. Four residents had just finished their lunch on arrival; the fifth was out having lunch with a relative. Three were sitting in the lounge, and one was in his room.

The heating was on and radiators were warm. The temperature felt comfortably warm. There was a thermometer in the room which registered within the 18-21°C range throughout the visit. The television was on in the lounge and the lounge was quite airy and light. In spite of being on a main road, there was very little traffic noise.

There was a stair lift for residents to get upstairs to their rooms. One resident's room was on the ground floor and there was a ramp between the lounge and dining room, suitable for wheelchairs.

The lighting in the dining area was a little dim and the arm of one of the dining chairs was broken. Staff said that this issue had been reported to the manager on 13th January. Representatives were shown the communications book, which showed the entry on this date.

The representatives ran the hot tap in the downstairs toilet and the water was a little hot. Staff reported that they understood that the water temperature should be regulated, but that it seemed quite variable. One resident's shower in particular seemed rather hot.

When asking residents about heating at night time, one said they were warm enough in their room, otherwise they wouldn't be able to sleep. One staff member said that the temperature in the bedrooms at night was alright at the moment.

The front door of the home is kept locked. There is a busy main road outside. Representatives asked whether Deprivation of Liberty Safeguards (DoLS) had been applied for, for residents who lacked capacity. The staff said that they didn't think DoLS were in place.

5. Food and drink

When the representatives arrived at the home, residents had just finished their lunch. Those spoken to said they had enjoyed their lunch.

At 1.30pm, staff asked residents if they would like a cup of tea and brought it to them. At around 3.30pm, more cups of tea were brought, together with a jam tart for each resident. The resident who had been in their room joined the others in the lounge at this time. The residents in the lounge ate and drank independently. Another resident who had returned from lunch out with a relative sat in the kitchen with a carer to eat her snack and drink her tea. She used a two-handled mug to enable her to drink independently.

A four-week menu is kept in a folder in the kitchen. However the details of actual meals provided, as recorded separately in the same folder, did not correspond with these menus.

When asked, staff said that residents were not offered a choice of food at mealtimes and that they had not seen a 'likes and dislikes' list of foods compiled for any residents.

When asked, staff reported that they did occasionally buy and prepare pork and bacon for residents, but that this was paid for from their own money and they were not always reimbursed. They reported that the manager said that she prefers it if staff don't bring in food, because she doesn't know where it has been purchased or how it has been stored. Records of meals provided showed that within the last two weeks bacon had been provided for one meal.

Jugs of drinking water were not placed around the home and when asked, the main carer said that this was not common practice. They did, however, regularly offer and provide drinks to the residents.

When asked about support offered to residents with eating and drinking, staff reported that one lady was sight-impaired, so staff offered her some assistance and guidance. They promoted independence wherever possible, so did not physically feed residents unless this was essential.

6. Recreational activities/social inclusion

Throughout the visit, residents were either in the lounge, in their rooms, or out with relatives. Representatives asked staff about a typical day for residents. They said that residents might play bingo or dominoes or watch a film. There was very little in the way of other planned activity. Residents did go out with relatives but day trips were not organised by the home. One of the residents spoken to said she was quite bored.

As a result of the visit and findings, the following recommendations are suggested:

Recommendations

- The temperature regulation of the hot water supply should be investigated and any issues resolved
- Consideration should be given to formalising arrangements for the purchase and preparation of pork and bacon for residents, with a written and agreed policy and procedure
- The meals provided should match those as detailed in the care home menu
- The care home should offer a choice of meals at mealtimes
- Consideration should be given to compiling a list of the 'likes and dislikes' of residents
- Consideration should be given to increasing the choice and variety of activities for residents to engage in, including trips outside the home
- The broken chair in the dining area should be replaced

Service Provider response

Review of Draft Report on Chestnut Residential Care Home, Gloucester based on a visit by Healthwatch Gloucestershire on the 17th January 2016.

1. Strategic drivers

CQC had contacted the provider about heating in the home; the owner had agreed to check the heating was working and confirm this with CQC, but at the time of the visit no such confirmation had been received. This was of serious concern in terms of the wellbeing of residents and required monitoring

We have been in regular correspondence by email from the 4th to 15th January 2016 with the CQC inspector about this issue. The email which updated the inspector on the 15th January 2016 (and the receipt of which was acknowledged) stated that the heating had been checked, was working well and that the temperature was being regularly monitored.

2. Residents

One lady had a bruise on her forehead. When asked what has happened, the main carer said that she thought it had happened since she had arrived, but that to her knowledge no incident report had been filed.

The lady mentioned above was admitted on respite care during one evening and had already gone to sleep before the night duty arrived. The bruise was noticed the following morning by day duty staff. Staff had no knowledge of how and when the bruise occurred. The bruise was recorded in the communication book as soon as it was noticed. The next of kin was also promptly notified and he commented the lady had bruised herself at home in the past.

3. Environment

The lighting in the dining area was a little dim

The dining area has 2 sets of lights – one ceiling light on its own which is dim and another light which is a pendant with 3 bulbs which is about 2 metres away from the first light. When both lights are switched on, which is usually the case when residents are using the dining room, the lighting is more than ample.

The representatives ran the hot tap in the downstairs toilet and the water was a little hot. Staff reported that they understood that the water temperature should be regulated, but that it seemed quite variable. One resident's shower in particular seemed rather hot.

The hot tap water temperature throughout the care home is regularly monitored using a thermometer, recorded and kept below 43C.

4. Food and drink

When asked, staff reported that they did occasionally buy and prepare pork and bacon for residents, but that this was paid for from their own money and they were not always reimbursed.

It is the policy of the care home to reimburse staff when they occasionally buy an item for the care home. However, in the past, staff have occasionally refused to be reimbursed, to which the care home had reluctantly agreed to.

In addition to the above comments, please find below the following responses to the recommendations made by Healthwatch, Gloucestershire based on their visit on the 17th January 2016.

- The hot tap water temperature throughout the care home has been investigated and is regularly monitored.
- Care staff are given the money beforehand to buy the pork or bacon and prepare it for the residents.
- The meals provided in the care home are matched as much as possible to that on the menu but may be changed occasionally, if circumstances dictate otherwise.
- Being a small care home of 5 residents, it is not practical to have a choice of meals at lunch time. However, meals are prepared based on residents' likes and dislikes. At teatime a choice of food is offered.
- We are engaging the services of an activity provider to assist the residents in various activities which they would like to take part in. Depending on the ability of the residents to participate, trips outside the care home may be considered.
- A new set of dining chairs is now in use in the dining room.