



# **Details of Visit**

Service Name and Address	Elmhurst Nursing Home, Prees, Whitchurch
	SY13 2EN
Service Provider	Careport (previously Claremont Care Ltd)
Date and Time	Friday 29 <sup>th</sup> April 2016 2 p.m.
Visit Team	2 Healthwatch Shropshire Authorised
	Representatives

## **Purpose of the Visit**

- 1) To explore how the changing ownership of the home has been communicated to the residents, their families, and staff
- 2) To explore how the staff monitor and respond to the care needs of the residents in the context of current uncertainties

## 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 experience of all service users and staff, only an account of what was observed and contributed at the time.



# **Context of Visit**

In late January 2016 Claremont Care Ltd went into administration. The Official Receiver appointed Careport to manage all care homes previously owned by Claremont Care Ltd. The company plans to sell all the homes as either a single going concern or as individual care home businesses. Healthwatch Shropshire was asked to visit homes in the County to speak to residents and find out about their experience of care at the moment.

A Regional Manager for Careport was acting as Interim Manager at Elmhurst Nursing Home at the time of our visit and a new clinical lead was expected to start in a couple of weeks. The home has rooms for 36 residents and offers both residential and nursing care. At the time of our visit there were 29 residents at the home. At least two residents arrived after the home went into administration.

This visit was announced. Healthwatch Shropshire asked staff at the home to tell residents' families about the visit and its purpose, and to invite them to speak to us.

## What we were looking at

The focus of the visit was to:

- explore the quality of communication about the changing ownership with residents, their families and staff
- find out if the home is maintaining the quality of life for its residents.

#### What we did

Our arrival was expected. No-one from the management team or representing Careport was at the home during our visit. We were therefore unable to ask any of the questions we had for Careport representatives about what Careport was doing inside the home, how it was ensuring the continuity of a high standard of care, and what was being planned for its future.



We were shown in by a care assistant who pointed out the notices about our visit on the walls. The Senior Care Assistant had been asked to facilitate our visit. We asked her to tell us about the home and she took us to an unoccupied sitting room so that we could talk privately. We also spoke to two care assistants, a nurse, three visiting relatives, and four residents with varying levels of communication.

# What we found out

# Communicating the Change in Ownership

#### • Communication with the Residents

None of the residents we spoke to, not even those who were able to tell us a little about their life in the home, were aware of any changes. Two said that there had been improvements recently. They could not tell us what these improvements were or when they occurred.

#### • Communication with the Families of Residents

The family of one resident said that they learned of the change in management from the local paper. They told us about a meeting for residents and families on 9<sup>th</sup> March (a month after the home had gone into administration). At the meeting they were told that the home was now under Careport's management and they were given the new bank details for payment of care costs. They were told there would be regular updates on what was happening, possibly in the form of a newsletter. They were told they could have individual appointments to discuss the situation if they wished but had not yet taken up the offer. At the time of our visit they had not received a newsletter or any other form of update. This family, whose relative was a long-term resident, said they were 'fed up' with the lack of information. They suggested that a brief update could be sent out with the monthly bill. The family are concerned that they might have to find another care home with nursing facilities at short notice.

The family were aware that there was a new manager but had not met her. They commented that the nursing home had 'not been nurse-led for months' and were surprised to hear from us that a Clinical Lead had recently been appointed (see under *Communications with Staff*). They felt that this kind of information should have been given to them as their relative receives nursing care.



Another visitor's family member had been admitted as a resident after Elmhurst went into administration. They said that they read about this in the local press and assumed that the home would not be taking on new residents. However, someone else they knew was accepted, so they applied for a place. This relative knew nothing about plans for the future of Elmhurst but hoped it would continue to operate as it was conveniently close to their home.

#### • Communication with staff

We were told by all the members of staff we spoke to that there was no formal announcement that the company was going into administration. Careport, the administration company, did not call a meeting to tell staff about what was happening. No-one came to talk to members of the care team. Some first found out through the local press. Shortly afterwards each member of staff received two letters. The first announced that Careport was taking over the home. Some staff told us that the letter said that their jobs were safe and they should carry on as normal. We were unable to find out what was in the second letter as the staff members we spoke to had not paid it any attention. Since the letters there had been changes in the management team, but we were told by staff that nothing further has been said about what is happening now, and what plans there might be for the future of the home. None of them appeared to know about the employment law that would apply (TUPE) if the home is bought as a going concern. One member of staff thought that Careport was trying not to unsettle staff for fear they might look for other jobs.

The Senior Care Assistant (SCA), who has worked at Elmhurst for more than four years, said that they had paid no attention to the letters; they were just interested in getting on with the job of caring for the residents. When we asked the SCA whether the current managers were prepared to answer questions from staff, we were told that "the carers come to me first.... they know what is going on".

The SCA told us that there have been changes in the way the home is run. They said that Careport are "trying to get it right" and "getting it out of the financial hole" so that it can be sold as a going concern. Rooms are being renovated as they become vacant and there has been some redecoration.



The SCA said that staff morale has greatly improved since Careport took over. They are now paid on time, and know who the managers are. This was confirmed by a member of the nursing staff. In the short time since going into administration (3<sup>rd</sup> February 2016) there is a better sense of stability and continuity. Under the old management there was little recognition or praise for good work but that has changed.

The SCA said that there have also been improvements in staffing. For example, a Clinical Lead has been appointed (though is not yet in post). We were told by the SCA that this is a nurse who had worked at Elmhurst in the past, but left because of disagreements with the previous management.

We asked about training, professional development and induction. The SCA told us that under the previous management all training and induction had been in-house. Since the takeover they have attended external training opportunities. The day before our visit, the SCA had gone to the Royal Shrewsbury Hospital for training in infection control, and had recently attended End of Life training at Severn Hospice.

Another carer said staff had been 'kept in the dark' about changes. They knew that Elmhurst was up for sale. They said that information was passed around like 'Chinese whispers'. There had been no formal announcement and no staff meetings to date. There had also been changes to the way the care team operated which she felt made the job more difficult. This carer emphasised the importance of the SCA who had been "very good, keeping people engaged, keeping it all together".

A member of the nursing staff said that there had been a lot of 'changes for the better' since February - staff were paid promptly, there was more choice in food for main meals, more choice in the tea trolley, more support for staff and that staff morale had improved. The nurse said that some nurses had had to return to their country of origin which had left a temporary gap in nursing staff. No residents had asked any questions about changes, but staff would like to know about the future of the home.



Apart from the nurses from overseas who had to return to their country of origin, and one care assistant who was leaving anyway, no staff have left. The staff we spoke to emphasised that they were 'there for the residents' and were prepared to wait and see what happened, though they would like to be told at regular intervals what was happening about ownership. Several staff described the high level of commitment of staff to making sure the residents are well-cared for whatever changes occur.

# **Ensuring Continuity of Care**

The Senior Care Assistant told us that there have been 'big improvements' for residents, with a more settled routine, more choice in snacks and drinks and better-quality food. There are now regular weekly food deliveries and the quality of the supplies bought in has improved, leading to an improvement in the residents' food. In other respects caring for the residents has gone on as usual. The fact that there have been few staff changes has enabled continuity of care despite the uncertainties.

Another carer said that changes to the roles and routines of the carers brought in by Careport managers have made life more difficult: they used to work in pairs, taking their breaks together. Now someone has to be in the lounge at all times. This often means that carers are working alone, and many tasks need two people, so routine care sometimes takes longer. The current management uses the minimum number of care assistants required (7), when more would be better. This carer had been sent home on one occasion when 8 people turned up for duty. They said they had reported incidents which they felt were unacceptable.

A member of the nursing staff told us that recent changes had improved care.

The residents we spoke to had noticed little if any change. Those able to express an opinion said they were very happy with the care they received. One told us "The staff are very good to us here. We are spoiled." Another said: "Things are improving a bit." When asked what in particular was improving they said "Everything. The food is pretty good."

The family we spoke to whose relative is a long-term resident said, "The staff are brilliant." They were very keen for their relative to stay at Elmhurst. Their impression was that the staff seemed happier in recent weeks and that there were more of them on duty.



The relative of the recently-admitted resident said that they had seen both managers and all the nurses. They found everyone very helpful. On the day of admission, everything requested was put in place very quickly. This relative said that in their wider experience of care homes there were never enough staff on duty to spend time with residents as well as perform the tasks of caring, and Elmhurst was no exception. However, they felt the standards of care were high and hoped that their relative would be able to continue living at Elmhurst.

# **Additional Findings**

- The accommodation in the new wing is superior to that in the older section of the building. There are rooms with en-suite and the rooms themselves are larger and brighter. The communal sitting room in the new wing was unoccupied for the duration of our visit, which surprised us as the room is very pleasant and well-laid-out, with a beautiful outlook. We were told that more residents in the new wing stay in their rooms, whereas those in the older wings use the central sitting room which is at the centre of the home.
- This central communal area is in need of replanning and refurbishment. The residents sit on chairs round the edge of the inner half of the room, quite a restricted space with little natural light. The outer half, brighter and with fine views over the countryside, has a desk and a small table for craft activities. A heated hutch and enclosure houses a small tortoise. This half of the room is otherwise largely empty except for some items being stored there.
- The external spaces at Elmhurst, despite its beautiful rural setting, are rough and undeveloped.
- We did not see any evidence of residents being encouraged to move about and take part in activities. There was a list of activities on the notice board outside the main communal sitting room which suggested that there is one regular event or activity per day e.g. a craft session; a named person bringing around the tea trolley. There were no activities taking place on the afternoon we were there. One resident told us that singers and entertainers visited Elmhurst and that on one occasion Rupert the Horse - a real horse had poked his nose into the room to be stroked. This resident was



sufficiently mobile to take main meals in the dining room at the centre of the building, but seemed to spend most of the day in their own room. During our two-hour visit we saw only one resident on the move, looking for a member of staff to help with something and then being accompanied back to their room.

# **Summary of Findings**

- From what we were told, the communication between Careport and the staff, residents and families of residents at Elmhurst Nursing Home has been poor. Little effort seems to have been made by Careport-installed management to keep these groups informed on a regular basis, and in the case of families, undertakings to keep them informed have to date not been kept.
- The staff are continuing to give good care to the residents.
- There have been few changes amongst the staff whom residents see day-today, which has ensured a high level of stability and continuity for residents.
- We were told by staff that many of the changes Careport has introduced are positive. We were unable to find out more as the Careport manager was absent during our visit.
- The level of care being given to Elmhurst residents is highly rated by the relatives we spoke to.
- We did not see evidence of many activities for residents.



#### Recommendations

We recommend:

- That Careport representatives put in place regular meetings with staff to inform them about changes and the reasons for them, to gain feedback from them, and to update them on the process of finding a new owner for the home.
- That Careport explain to staff members the employment law relating to the sale of businesses as a going concern (TUPE) and what it means for their future employment at the home.
- That Careport keep residents and their families regularly informed about any changes or developments regarding the care delivered by Elmhurst and its future.
- That Careport consider introducing more activities for residents.

#### Service Provider Response

Healthwatch Shropshire has received the following response to this Enter & View report and its recommendations from a Regional Manager for Careport on 17<sup>th</sup> June 2016:

Firstly let me take this opportunity to apologise unreservedly for the delay in responding.

I have completed the action plan, but as you will see some of the elements discussed in your report had been addressed and had the Interim manager been on site when you conducted your visit she would have been able to clarify some of your concerns.

That Careport representatives put in place regular meetings with staff to inform them about changes and the reasons for them, to gain feedback from them, and to update them on the process of finding a new owner for the home.

Regular monthly meetings are in place with minutes of the meetings available to view.



There is a set agenda which discusses complaints, safeguarding's, accidents and quality standards, documentation. Staff meetings are arranged for a set day each month to follow the resident / relative meeting in order to feedback concerns issues from their meeting.

This is ongoing and being overseen by the Home Manager.

That Careport explain to staff members the employment law relating to the sale of businesses as a going concern (TUPE) and what it means for their future employment at the home.

Meetings had taken place and staff had been made aware of this.

Staff have been kept informed. However for those staff who consistently do not attend meetings we will be displaying minutes.

These meetings are overseen by Careport and the Home Manager.

That Careport keep residents and their families regularly informed about any changes or developments regarding the care delivered by Elmhurst and its future.

Regular monthly meetings have commenced and are overseen by the Home Manager.

#### That Careport consider introducing more activities for residents.

We are disappointed to note your comments. We have a proactive Activities Coordinator who is employed full time who has a plan on a daily basis for residents collectively. She also has individual care plans that indicate preferences in activities. For residents who prefer to remain in their rooms the activities coordinator ensures that there are relevant social interactions and activities documented.

Unfortunately on your day of visit the activities coordinator was off poorly.

Activities are overseen by the Home Manager and Activities Coordinator and are in place.



# Acknowledgements

Healthwatch Shropshire would like to thank the service provider, service users, visitors and staff for their contribution to this Enter & View.

# Who are Healthwatch Shropshire?

Healthwatch Shropshire is the voice for people in Shropshire about the health and social care services delivered in their area. We are an independent body providing a way for people to share their experiences to help people get the best out of their health and social care services. As one of a network of Local Healthwatch across England we are supported by the national body Healthwatch England, and our data is fed to the Care Quality Commission (CQC).

# What is Enter & View?

Healthwatch Shropshire gather information on peoples experiences of health and social care services and there are times when it is appropriate for Healthwatch Shropshire to see and hear for ourselves how services are being delivered: these visits are called 'Enter & View', they are not inspections.

Teams of specially trained volunteers carry out visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows Healthwatch authorised representatives to observe service delivery and talk to services users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies.



# Get in Touch!

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