

HEALTHWATCH HERTFORDSHIRE

Enter and View Visit Report

Chalfont Court Care Home

Uxbridge Road

Rickmansworth

Hertfordshire

WD3 7AR

Care UK Community Partnership Ltd

Healthwatch Hertfordshire Enter and View Visit Report

Premises visited: Chalfont Court Care Home

Date and Time of Visit: Thursday 22nd of March 2017 10.30am

Visit Conducted By: Virginia Kirri-Songhurst, Tim Sims & Kumara-Moorthy (until noon)

Acknowledgements:

We would like to extend our thanks for the help and cooperation received from the staff and residents for the time taken to show us around and answer our questions.

Purpose for the Visit:

To look at the individual's quality of life in respect of environment, leisure and services, digital inclusion and food and drink.

To see if NICE guidelines 1 and 2 of Quality Standard 50: Mental Wellbeing of Older People in Care Homes 2013 are being considered by providers.

QS50 states:

1. Older people in care homes have opportunities during their day to take part in activities of their choice that help them stay well and feel satisfied with life. Their families, friends and carers have opportunities to be involved in activities with them when the older person wishes.
2. Older people in care homes are given support and opportunities to express themselves as individuals and maintain and develop their sense of who they are, for example, this can include helping people to maintain their relationships with family, friends and carers.

Methodology:

Healthwatch Hertfordshire (HwH) is the independent health and social care champion. Local Healthwatch is in place to gather the views and experiences of people accessing services, to use this information to influence decisions and to provide information and advice to the local community about health and social care services.

Legislation allows HwH authorised representatives to 'Enter and View' health and social care premises to see and hear for themselves how services are provided.

Healthwatch Hertfordshire is conducting a rolling programme of Enter and View visits to care homes/nursing homes in groups in order to review results, methodology and outcomes at defined intervals.

They are announced visits using questionnaires for staff and observation and talking to residents and visitors. Visits normally commence at 10:30 and take about three hours.

Hertfordshire County Council, as commissioners, are aware of this planned piece of work and will receive reports and recommendations from our visits. Reports will also be shared with the relevant Clinical Commissioning Groups, Care Quality Commission and Hertfordshire Care Providers Association and will be published on our website www.healthwatchhertfordshire.co.uk.

Disclaimer

The report relates only to a specific visit (a point in time) and the report is not representative of all service users (only those who contributed within the restricted time available)

Healthwatch Hertfordshire Enter and View Visit Report

1. INTRODUCTION

Chalfont Court Care Home is situated on a busy main road in Rickmansworth. The home has 42 rooms with the opportunity of 4 rooms to be used for double occupancy, CQC registered for 46 residents arranged over two floors. The ground floor is mainly for people living with dementia or other serious mental health conditions. The first floor is for frail and elderly persons including respite care. People can also attend the home for a 'pop in' service on a daily basis between 8am and 8pm for social activities.

2. FIRST IMPRESSIONS

2.1 There is no signposting from surrounding roads to the care home.

2.2 This is a modern looking building with an imposing entrance. To the front of the property there are five to six parking spaces and to the rear there are a further six spaces. From the car park to the rear of the building it is possible to look into a resident's room. There are no marked disabled bays in either parking areas.

2.3 There is outdoor lighting present though we did not test it due to the time of the day. There is no noticeable CCTV. There is an intercom and the doorbell can be reached from a wheelchair. Wheelchair access to the main entrance is via a ramp.

2.4 The door was locked but we did not ring the bell as a member of staff saw us and opened the door on our approach. We were asked to sign the visitors' book. The manager asked us who we were.

2.5 While in the front hall, we observed a keypad to exit the front door. There was a notice board displaying staff photographs. All the key certificates (e.g. registration) were displayed very high up on the wall near the ceiling and couldn't be read. There are other notices, such as the residents' activity schedule which were typed in very small font/print making them difficult to read. There was also a dedicated space for the 'Menu of the Day', which was displaying only the breakfast menu.

2.6 The seating was quite low. There were no odours or smells.

2.7 We were warmly greeted by the manager and were shown into a themed room which was set up as a 'Pub' together with a bar. This room is often used for parties or as a quiet room.

2.8 The manager told us that at the moment there were 38 residents. At present two residents had Deprivation of Liberty Safeguards in place but many more were on the waiting list for authorisation.

2.9 There are no champions for dementia, nutrition, falls, for health & engagement and wound care, but there are two activities organisers. We were told that 76% of the staff had Dementia Friends training. There is a photo board to identify staff and their designation.

The home is not a member of the Herts Care Providers Association (HCPA) and the manager informed us that CUK as an organisation had a training department and they provided mandatory and essential training either by face to face or by eLearning. Staff are given the opportunity to complete training at work; face to face is held at Chalfont Court or other homes. Staff complete an induction programme and as part of this they are given time to complete training.

2.10 We were told that this home was currently in the process of being sold and therefore this has had some impact on financial resources. The Manager herself had not been in post for long (18 months). Staffing consists of a mix of registered nurses and care assistants. A lot of agency staff are employed and we were told that they are regulars. There is a problem with retention of staff this has been because staff have moved on to other career opportunities. We did not see the staff rota.

Towards the end of our interview, the Assistant Manager joined us.

2.11 We were told that the residents can choose their room décor and bring small items of furniture with them and their own duvets and curtains. However home visits are generally not undertaken prior to the residents' arrival though families often view the home and therefore personal choice of room colour is not discussed beforehand. All rooms were painted Magnolia.

2.12 Bringing valuables is positively discouraged. There is a safe place in the office for temporary storage. No residents have keys to lock possessions away in their rooms. However they can ask for their rooms to be locked.

2.13 We were told that the residents can have a bath as often as they wish but residents mainly prefer a shower.

2.14 Community groups visit the home and local schools come to visit and sing carols at Christmas time. By the end of May local art students will be attending the home as part of a project following liaison with a local college.

2.15 When asked about safeguarding we were told that there was a process in place resulting in appropriate support being put in place.

2.16 Residents have access to Pastoral care. A new resident is a Methodist and a cleric is being arranged for him.

2.17 There are regular visits by the local GP and Podiatry. However access to visiting dental services is very limited though there is a large dental practice across the road.

2.18 We were advised that there are regular residents meetings held and minutes are sent out to carers and relatives. We did not see any minutes.

3. FINDINGS

3.1 Environment

We were shown around by the assistant manager.

1. On the whole the corridors and communal areas were clean and odour free. There was some noticeable dust on fire extinguishers and hoists. The Assistant Manager spoke to the domestic straight away. It was observed that the cleaning trolley which included cleaning products had been left unattended close to a resident's room whilst the domestic was Hoovering some distance away out of sight of the trolley.
2. Some parts of the home were cooler than others, but on the whole the temperature for residents was comfortable. Residents who have the capacity to do so can adjust the temperature of their radiators.
3. The corridors were carpeted. There was some pleasant artwork on the wall in some areas. Residents doors are painted in white with a gold 'knocker' making it look like a 'front' door. On the wall adjacent to the doors there is a small display case mounted, containing articles important to the resident (photos ornaments etc.).
4. Inside the rooms the flooring is wood laminate. Although the furniture varied from room to room, it was clean, attractive and in good condition. Some residents had their own personal possessions decorating their rooms. Rooms are of a good size and there are two double rooms on each floor available for married couples, someone who has special nursing needs or someone who has a large family that visits. The rooms have only ensuite toilet and hand wash basin. It was observed that the fire evacuation instructions were inside the toilet on the back of the door instead of the

back of the room door. Each floor has communal shower and bathing facilities.

5. There was plenty of natural light throughout the home, even though it was a dull day.
6. There is a very attractive and well-kept good size garden with plenty of seating and space for wheelchairs. We were told that the garden is used for parties, open days and festivals. The Assistant Manager observed that the residents often were reluctant to use the garden.
7. The lounge/dining area on the ground floor:
 - On one wall there was a white board with an integral large faced clock, with the date and day and the weather outlook displayed. This could not be seen from the other end of the room, where the dining tables were laid out. The clock display was purchased from fund raising to make the environment more dementia friendly. Another wall had photos of residents enjoying activities, however there were three confused residents seated in large chairs against this display making it difficult for us to view it in detail, in order not to distress them. There is assorted seating catering for different needs. The room was bright and nicely decorated.
8. The lounge/dining area on the first floor:
 - Nicely decorated, had more tables and chairs than the ground floor. Good natural light.
9. Both lounges have TV and radio and look out onto the garden. Both lounges have kitchenettes so that drinks and snacks can be made on request.
10. There is an ex office on the ground floor that is going to be converted into an art/therapy room.
11. There is a laundry room for staff use, and a medical room.
12. We spoke to 6 relatives, 5 residents and 4 members of staff, two of whom were agency.

13. The residents and relatives were very happy with the care and the environment. They said that the staff could not do enough to make people comfortable.
14. Three relatives said that this was the best care home that they saw when looking around for somewhere for their loved one to go. Another relative said that their wife had improved greatly with her walking since being there.
15. The staff looked happy; they were dressed appropriately and spoke to residents in a respectful manner. One agency member of staff said that he was due to leave but was prolonging his stay until the home can find a replacement as he did not want to leave them short staffed.
16. Although we could not be shown a care plan, VKS was shown the guide lines to filling one in, they were very comprehensive. VKS also saw the training records which were almost up to date. We also saw the complaints policy, we were told that there were very few complaints and no major issues.

3.2 Leisure and Services

1. There are two activity coordinators. In the lounge areas there are books and games. We were informed by the manager, that such activities as baking, gardening, art, knitting, quizzes and game are organised. In addition visits to the shops (even local pubs) can be arranged by car or by walking. The home does not have a minibus.
2. We did not observe any activity schedule in the residents' rooms.
3. Other activities such as helping with the dusting, folding linen and laying tables are encouraged.
4. Although activities are discussed in residents meetings, the manager said that the activities are decided by the staff. The activity coordinators have apparently done training in seated physical activities, but this is not practised.
5. The garden is used in good weather.

6. Schools come to visit, entertainments monthly, sing-along weekly, films, theatre groups, and tea parties are organised. No resident is forced to attend although encouragement is given.

3.3 Digital Inclusion

1. There is no Wi-Fi at present, nor are there any plans for the future due to the uncertainty of future ownership. We were told that one resident uses a computer and the staff help them.
2. No digital aids are used to interact with residents living with dementia and other conditions.

We gave the manager a copy of the research report on use of iPads.

3.4 Food and Drink

1. Food and drink is available 24/7, including finger foods. Special diets can be catered for, i.e. gluten free, low fat etc. Halal and Kosher would have to be brought in.
2. All food is cooked on the premises from fresh. The seasonal menu is down to the chef, and is in a three weekly cycle.
3. The residents order their food the day before. There were no pictorial menus, so staff explain the menu to the residents. However residents can change their mind on the day. We were told that the residents would be shown the actual food at meal times allowing them to make a choice. But we did not observe this whilst we were there.
4. On the day there was chicken and mushroom pie - the crust looked pale and soggy. The other food looked attractive.
5. The residents are offered two hot meals a day. Breakfast is at 8.30AM, Lunch at 12.30 and 13.00, tea at 15.00 and dinner at 17.00 and 17.30. The service at lunch and dinner is staggered so that those that need help will be fed first. All meals can be served in the resident's room if they wished. One resident has her own menu, and another has a fridge in her room and a cupboard for her own food. The relatives can also bring their food in to feed their loved ones.

6. We witnessed residents being helped to eat. Relatives may also have a meal with their loved ones, and staff are also allowed to eat as long as the residents' needs are met first.
7. There is no need for a special system to identify those requiring assistance to eat as staff are aware of the resident's needs.
8. There were no hand wipes available, but all the trays had serviettes. There is specialised cutlery and crockery available for those who need them.
9. Alcohol is permitted, if medication and condition allow. A risk assessment is done and the in-take is monitored by staff.
10. A dietician visits the home.
11. The residents spoken to said they quite liked the food but it's not like home. One resident said it was good unless the regular chef has the day off, then the food is not so good.
Manager Comment: We have two chefs so there is always a regular chef on duty.
12. Relatives who ate whilst we were there said that the food was nice and that the choice was good.
13. We observed a drug round happening during meal time.

4. MONITORS CONCLUSIONS

- 4.1 Chalfont Court appears to be a well-run care home that is clean and comfortable.
- 4.2 The staff are happy and confident in their work. Measures have been taken by the new manager to upgrade the running of the home following the CQC visit.
- 4.3 The uncertain future of the care home does have some impact on the environment as finances have been put somewhat on hold until the impending sale of the home is completed. It is hoped that the residents are not affected by this, at the moment they are well looked after and are happy and comfortable. The manager is confident that it will remain a care home after it is sold.

5. AREAS of GOOD PRACTICE

- 5.1 Clean and comfortable environment with beautifully kept gardens.
- 5.2 Cheerful and conscientious staff who feel well supported by the management.
- 5.3 Comprehensive and inclusive guide for care plans for treating residents in a holistic manner.
- 5.4 Plans for themed areas; e.g. Memory Lane.
- 5.5 Introducing staggered meal times so that staff have the time for feeding and helping residents who require help.
- 5.6 Pureed food moulded to look like its solid counterpart.
- 5.7 Television turned off at meal times so as not to distract diners.

6. RECOMMENDATIONS

1. The activity schedule should be in larger print, as it is difficult to read.

Manager Response:

To review how activity schedule is currently presented. Research different dementia friendly activities board and purchase activity board that is dementia friendly out of donations and fundraising money.

2. Provide a folder with pictures of residents involved in different activities to show visitors and prospective clients.

Manager Response:

Purchase photo albums and collate photos on completion albums to be available in reception area.

3. Provide a second large clock in the dining area on the ground floor when finances are confirmed.

Manager Response:

Purchase large clock for the dining room out of donations and fundraising money.

4. Toilet seats to be a different colour to the sanitary wear as it causes a visual “White out” to visually impaired persons and people living with dementia. It makes the seat hard to identify.

Manager Response:

Identify how many toilet seats would be required to replace existing white toilet seats within the dementia environment. Source coloured toilet seats. On completion to review nursing floor.

5. Install privacy film on the window of the room which looks into the back car park.
6. Consider at least one marked disabled bay at the front of the building.

Manager Response:

To be discussed with head office property as Chalfont Court is currently in the process of being sold. This may not be achievable until the future of Chalfont Court has been determined.

7. Introduce WIFI and use of iPad (information leaflet left).

Manager Response:

Chalfont Court is currently in the process of being sold. This may not be achievable until the future of Chalfont Court has been determined.

8. Consider joining Hertfordshire Care Providers Association and train staff to be champions in Dementia, Falls, Wound Management, Health and Engagement and Nutrition.

Manager Response:

Liaise with HCPA and complete application for membership.