



Thatcham Court Care Home

Enter & View Visit Report April 2017

healthwatch
West Berkshire

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1. Introduction

1.1. Details of visit

Details of visit:	
Service Address	Thatcham Court Care Home Chapel Street Thatcham Berkshire RG18 4QL
Service Provider	Bupa UK
Date and Time	Tuesday 28 th March 2017, 11.00 Wednesday 29 th March 2017, 13.00 Friday 31 st March 2017, 18.00
Authorised Representatives (Lead in bold)	Amelia Hamblin , Alice Kunjappy-Clifton, Martha Vickers, Leena Sakhiya, Milli Malakar, Maggie Matthews and Karen Dodds
Contact Details	Healthwatch West Berkshire 2 nd Floor Broadway House 4-8 The Broadway Newbury RG14 1BA

1.2. Acknowledgements

Healthwatch West Berkshire would like to thank the service provider, service users, visitors, staff, and our volunteers for their contribution to the Enter and View programme.

1.3. Disclaimer

Please note that this report relates to findings observed on the specific dates 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, and any feedback received relating to the visit.

2. What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these 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 (2014) allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, GP residential homes, dental practices, 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 we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users to make recommendations.

Healthwatch Enter and Views are not intended specifically to identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised Healthwatch representative observes anything that they feel uncomfortable about, they need to inform their Healthwatch lead who will in turn inform the service manager of the service visited, ending the visit.

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

2.1. Purpose of Visit

- To engage with residents of the care home with a focus upon how dignity is being respected within this environment.
- To identify examples of good practice as well as highlighting areas for further work.
- To observe residents, relatives and visitors engaging with staff in the care home setting.

- To capture the experiences of residents and their relatives and to explore any ideas they may have for change.
- To introduce Healthwatch West Berkshire as an independent champion who seeks to facilitate change whilst improving communication between residents, visitors, carers, staff and management.
- To follow up on recommendations reported by the CQC in July 2016.
 - (i) To monitor signage issues, as highlighted within the CQC report.
 - (ii) To monitor residents' access to meaningful recreational activity.
 - (iii) To check if possible, whether fire safety training has been offered to all staff as highlighted in the CQC report (2016)
- Therefore, as part of the Statutory Powers of Entry upon which Healthwatch West Berkshire are entitled to operate (Healthwatch England, 2013), our intention was to review any progress that may have been made since CQC 2016 inspection.

2.2. Strategic Drivers

- Vulnerable groups (in the case of Thatcham Court those suffering with dementia) are considered a priority area for Healthwatch West Berkshire as highlighted within the WorkPlan 2016-2017 (Healthwatch 2017).

- a) The CQC report found that care effectiveness of Dementia patients was compromised by signage issues concerning mainly the corridors. The CQC report stating *'A family member gave an example of their family member becoming confused and distressed because all corridors looked the same and they were*

'A family member gave an example of their family member becoming confused and distressed because all corridors looked the same and they were unable to get to where they wanted to be'. - CQC 2016

unable to get to where they wanted to be'
(CQC 2016: 10).

- b) Risk of Social Isolation: under heading Responsiveness. The CQC report stated that although the social life within Thatcham Court is adequate, those who remain in their room are at risk of social isolation. It was suggested changes needed to be made to make this more dementia friendly.
- Recommendations made by the CQC during their visit in July 2016 highlighted that staff access to fire safety training was considered insufficient, leading to an overall reduction in safety and effectiveness of the service. The CQC in 2016 stated that ‘despite recommendations, 64% of staff had not received fire safety training/refresher training’ (CQC 2016: 7). The reason for this was this was shortage of trainers and after the visit training was scheduled to take place between 7 and 23 June.
 - Although the CQC report, published in July 2016, highlighted areas considered to ‘require improvement’. It is worth noting that Thatcham Court Care Home was considered ‘Good’ with regards to their level of ‘Caring’ (CQC 2016: 4).
 - As of 2017, the CQC marked Thatcham Court ‘Good’ (CQC 2017: 4) regarding the level of safety, effectiveness, caring and leadership. This occurred after the Healthwatch Enter and View. This report is an opportunity therefore to compare the findings as well as to observe additional aspects not highlighted by the CQC.

3.1 Thatcham Court Care Home

Thatcham Court Care Home is a 60-patient bed provided by Bupa UK. The Home provides care and accommodation for people who require nursing, personal care or dementia care. This Care Home was rated ‘Requires Improvement’ (CQC 2016: 4) following an inspection by the CQC, which was carried out in July 2016. In April 2017, the CQC rated Thatcham Court ‘Good’ in the areas of safety, effectiveness, caring and leadership.

3.2 Methodology

This was an announced Enter and View visit.

As part of the briefing before the visit, the team of approved representatives (AR) discussed effective communication with people living with dementia. The AR lead provided key information to support members and time was given to discuss any issues that may arise and to ensure that all understood the objectives and purpose for our visit.

When we arrived, the receptionist was unaware of our visit and was not expecting us, though notification of the visit was given to the Home Care Manager, well in advance.

We went into Thatcham Court with the ‘Home Quality indicators’ (Healthwatch Camden 2017: 4) in mind. These are a set of suggested guidelines that a Care Home should possess to be considered ‘good’. This includes; ‘a registered manager in post, a stable workforce, staff with the correct skills, adequate staff levels for day and night’ (Healthwatch Camden 2017: 5) to name but a few.

The details of the visits were as according:

Day and Dates	Time
Tuesday 28 th of March 2017	11.00- 1.00
Wednesday 29 th March 2017	13.00- 15.00
Friday 31 st March 2017	18.00-20.00

We split into two groups to talk to residents in different communal areas using short questionnaires, which were adapted to each resident to enable effective communication. Questions covered general feelings about the care provided, activities, food and access to additional health services (e.g. GP, chiropodist, dentist etc.). Having studied the CQC

recommendations from their latest report, we ascertained that our focus would be on issues associated with signage which was identified as requiring improvement and general observations of the home.

Previously, the CQC reported that the Care is 'Good'. Therefore, the purpose of our visit was to find out whether this was still apparent as well as to observe any improvements that needed to be made.

During our visits into the care home, we split into two groups to observe the daily activities, and talk to residents and staff if appropriate. We also gave the receptionist the pack we have been sending out to providers to explain more about who we are, including some posters and feedback forms.

Group 1 talked to staff and group 2 interacted with the residents (with input from staff) as this was appropriate to the time and setting. Questions for staff covered topics concerning care for the residents (choice, dignity, respect, access to additional services) and training and development (training opportunities, supervision, and support for staff).

We reconvened as a team for some final conversations with staff, including the receptionist, before ending the visit.

A large part of the visit was observational and authorised representatives could get a feel for the atmosphere of the home, and see at first-hand how staff interacted with residents at an everyday level, as well as the general mood of residents in the home. Each authorised representative completed an observation checklist based on the [NHS 15 Steps Challenge](#) (NHS Institute for Innovation and Improvement 2012) throughout the course of the day to capture these more general feelings.

“As with any Enter and View visit, authorised representatives attended to capture the experiences of residents...not to cause any distress or harm.”

As with any Enter and View visit, authorised representatives attended Thatcham Court Care Home to capture the experiences of residents, visitors and staff, and not to cause any distress or harm. This meant that talking to residents was generally kept short, and authorised representatives were mindful of adapting questions to ensure respect and dignity was upheld at all times.

The team of authorised representatives met for a short debrief following the visit, where observations and notes were collated and any issues discussed thoroughly for input into the report.

3.3 KEY FINDINGS:

3.1. Data tools:

Staff Q (Appendix 1)

Residents Q (Appendix 2)

Observation Tool (Appendix 4)

3.2. Data analysis

The author collated the findings and presented them as a spreadsheet for ease of being able to see correlation between the surveys and answers to questions that the AR's had acquired. The following is a breakdown of the responses to the questions.

3.3 Key Findings

General Impressions

- There was a warm and friendly atmosphere at first look.
- The premises overall were clean, nice looking and pleasant, however one of our team noticed an odour when first entering the Home.
- The Communal areas and hallway had been carpeted.
- The décor was good and there were lots of sensory (bright) items available.
- **We felt signposting could have been clearer on all of the floors, the communal rooms, dining room and toilet. This was an issue raised by the previous CQC (2016) report. This needs to be improved and some 'environment enhancers' put in place for the Home to become even more dementia friendly.**



Fig 2: This is in the staff room

Reception Area and Welcome

- There were two receptionists who were welcoming on arrival. But, had not been informed about the visit.
- The reception area looked nice and bright. And staff could be identified by uniform and name badges.
- **On one day, there was one staff member without a badge and she informed us this was because she was 'archiving'.**

Safety Issues

- Safety was taken seriously in the Home - on every floor, there were digital code locks.
- There was a hand rail across the hallway with sensory (bright) colour.
- Staff members were assisting residents walking in the communal areas and hallway.

Dignity and Appearance of Residents

- Residents were appropriately dressed in clean clothes.

- Staff members were taking care to maintain residents' dignity appearance and clothing.
- There was a hair salon on the first floor and a hair dresser was available for residents.
- **It was observed that doors to many residents' room were kept fully open so there could be issues with regard to maintaining their dignity.**

Contact Between Residents and Staff

- Staff seemed friendly and caring.
- Staff members were easily identified by residents by their uniform and name badges.

Great improvements have been seen with patients at risk of social isolation (CQC April 2017)

- Staff seemed busy but approachable and took care of resident's requirements.
- 'Caring' in Thatcham Court has always maintained a 'Good' rating from the CQC and feedback from residents. This is further corroborated in our own report.
- **There appears to be limited evidence of external support group for residents, or posters for advocacy organisations such as seAp or Healthwatch West Berkshire visible.**

Activities for Residents

- Plenty of activities were available in the communal room for residents such as games, bingo, football, television etc.
- We were informed that there was an activity team for residents.
- There was a nice bar on the 2nd floor and arrangements for cinema in the café.
- One staff member informed us that one resident was a professional football player and enjoyed playing and reliving memories.
- The 2017 CQC report suggested that the activity offered in the Home has been maintained at a good level. Great improvements have been seen with patients at risk of social isolation, as staff recognised the people at risk and took time to provide one on one activity tailored to each resident. This included hand massages, chatting to the residents and keeping them company.

- **There it was observed that there were plenty of activities visible, our team saw little evidence of engagement of residents with these activities during the different times the team visited.**

Food and Drink

- Drinks and snacks were kept available at all times in the communal rooms and staff members were available to serve.
- In terms of provided meals, the CQC found in both the 2016 and 2017 reports that food provided was adequate for the residents and ensured their health and wellbeing.
- Water is available all the time in each communal area on each floor.
- **A water jug was present in a resident's room but no glass could be seen.**
- **We were informed that person centred menus were available, however the team didn't see the menus during our visit.**

Cleanliness and Hygiene

- Overall hygiene and cleanliness was well maintained in the home. Rooms of residents were kept clean and tidy.
- **Antibacterial hand gel was available on each floor near the door but not anywhere else in the hallway or in the communal rooms.**

Visitors

- **Unfortunately, during our visits, we were not able to speak with any visitors or family members on any of the three visits. We left information and leaflets about our visit to staff of the Home.**

Staff

- Resident staff ratio is 16:3, and in addition there is 1 care team leader per 16 residents.
- The reception area is manned from Monday to Friday from 9am to 5pm.
- The previous manager was on extended leave and a new manager was in charge who also manages the Argyles Nursing Home, Newbury.
- Staff gave positive feedback about new manager about improvement in services.
- The CQC 2016 report showed that in the months running up to the inspection, staffing levels had been low but that was already improving by the time of the report. The CQC report of June 2017 stated that Thatcham Court had recruited up to a full team and this was due to the hard work of the new manager. We found a similar improvement.

Other

- As it was a dementia care home we saw some evidence of dementia friendly signposting and colours but felt they could be bigger.
- Staff clearly care for the residents, it was commented on that “there was not enough of them to do a good job. They were looking after basic needs only”.
- The staff all have mandatory training however when we questioned some of them, not all felt they were trained adequately enough for fire safety and infection control. However, we did not ask how long they were in post or to see the records to back this up. The CQC in 2016 highlighted the lack of ‘staff fire awareness training’ (CQC 2016: 7). However, the CQC report (2017) highlighted improvements as staff had received up to date training and could explain the procedure in the event of a fire. This suggests further improvements had been made between the date of this Healthwatch Enter and View and the CQC 2017 visit.
- One of the team observed one resident wandering around with ‘half his dinner’ in this beard and shirt.
- On one of our visits we observed a resident shouting out constantly which might be distressing to visitors or other residents. We didn’t see any immediate response to attend to the person, comments from the staff were that ‘this was their normal behaviour’.

4.1 Recommendations

This report highlights the following:

There are many aspects of good practice that were observed at Thatcham Court Care Home. For example, it was evident that changes have been made upon recommendation from the CQC inspection in July 2016 to improve the quality of care received by residents.

Examples of this were with regards to:

(i) Activities

Thatcham Court took on board the comment from the CQC (2016) suggesting a lack of activities for patients at risk of isolation and has solved this through one on one time with the residents, ensuring they receive activities suited to them. This is an excellent improvement in vulnerable resident welfare as studies have shown social interaction hours are crucial in improving quality of life for those with dementia (Science News 2017).

Recommendations for consideration: -

i. Staff levels

There was a vast improvement in staffing levels between the CQC 2016 visit, our visit and the CQC visit and report 2017. Staff seems more comfortable and happy in performing their duties with a full team.

The CQC 2017 visit following our visit, determined there was enough staff and that staff were happy, suggesting again vast improvements between the two visits

ii. Signage

It was felt the dementia friendly signposting should be more visible(bigger).

iii. Advocacy - voice and mental capacity

We saw little evidence of posters or information of any sort in the home about advocacy that can help make residents or their families voices heard, such as seAp or Healthwatch West Berkshire.

References

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5.1 Service Provider Response

The Service Provider response via e-mail (20th October 2017)

Hi Alice,

I am so sorry i thought i had emailed you back. Yes please add we are happy with the report.

Kind Regards

Tammy

Tammy New, General Manager

Bupa Care Services UK

Thatcham Court Care Home, Chapel Street, Thatcham, Berkshire, RG18 4QL

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6. Appendices

6.1 Appendix 1

CARE HOME QUESTIONNAIRE - residents/family/friends

Name of home:

Date and time:

Authorised Representative name:

INTRODUCTIONS:

My name is I am a volunteer with Healthwatch West Berkshire (SHOW ID)

Healthwatch West Berkshire is an independent body set up by government for local people to have a say in health and social care services. (PROVIDE INFORMATION)

We are doing some research to find out what people think of their health and social care services, and also what people think about this home [or insert appropriate]
Your answers will be kept anonymous, unless you tell us something that we need to tell somebody else about. We will let you know if this happens. We are only going to ask you about your general thoughts and experiences and not about any specific medical history or condition

Would you be happy to answer few questions, it shouldn't take more than 15 minutes?

Thank you.

LENGTH OF STAY:

Tick one of the following:

Resident	
Carer	
Relative	
Friend/visitor	
Professional	

QUESTIONS:

- 1. What is good about your care here?**

[PROMPTS - Food, Daily Routine, Activities and trips out, Helpful, caring staff]

- 2. What do you think they could do better here?**

[PROMPTS - Personal safety, Staffing numbers, Dignity and privacy]

- 3. What happens if you need to see a doctor?**

[PROMPTS - home visits, timely prescriptions, named]

- 4. Are you happy with the service provided by your doctor? YES NO N/A**

Comments:

5. Do you have easy access to the following (where relevant):

a. Dentist YES NO N/A

b. Optician YES NO N/A

c. Chiropodist YES NO N/A

d. Physiotherapist YES NO N/A

e. Condition specific support services YES NO N/A

6. Have you had to be an in- or out-patient in a hospital in the last year? How was the process of being admitted, treatment received, discharged?

7. Do you attend any regular health appointments?
[PROMPTS - usefulness, dignity, respect]

8. Are you given the opportunity to give feedback to management?

6.2

Care Home Enter and View Observations



Questions to ask yourself as you look around the home (based on the 15 Steps Challenge)

	Notes
1. General Impressions – e.g. atmosphere/smell/sounds	
2. Reception Area and Welcome – e.g. were staff easily identified?	
3. Safety issues – e.g. does the home appear to think that safety is important?	
4. Dignity and appearance of residents - e.g. are patients dressed to protect their dignity appropriate to time and conditions.	
5. Contact between residents and staff - e.g. how are staff interacting with patients (are lower voice tones used for private conversations)?	
6. Activities for residents – is there any evidence of these?	
7. Food and Drink – e.g. is sufficient water available?	
8. Cleanliness and hygiene – e.g. does the environment seem suitable? Is the home clean and tidy? Are there any unpleasant smells?	