



Healthwatch Central West London
Dignity Champions visit
Princess Louise Nursing home

June 2017



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Executive Summary

Healthwatch CWL is the consumer champion for better standards of care in health and social care services. Its team of Dignity Champions are volunteers recruited from the local community who work to improve standards of dignity in health and social care services. This report presents the findings of the Dignity Champions' Enter and View visits of Princess Louise care home located in the Royal Borough of Kensington and Chelsea (RBKC) and run by Sanctuary care homes.

The visits represent the first Dignity Champion visit to the home and follows a recent CQC inspection which rated the home: 'requires improvement.'

During both visits we found the staff to be caring and respectful of the residents. There is huge range in the level of care required by residents from those who require one to one care to those who are still able to maintain a much greater degree of independence. Most feedback that we received was around the food and lack of on-site kitchen.

The home is well supported with a twice weekly routine visit from a GP (Monday and Wednesday).

The environment was clean and tidy with clear accessible signage. The Dignity Champions were also pleased to see Memory Lane and 'booths' dedicated to various moments in time on the floor occupied by residents living with dementia.



What is the Dignity Champion project?

Healthwatch CWL is the independent consumer champion for health and social care services across the London Borough of Hammersmith and Fulham, the Royal Borough of Kensington and Chelsea and the City of Westminster.

The Healthwatch CWL Dignity Champions are a group of volunteers who work together to improve people's experiences of health and social care. They receive training around the Care Act and the duties and implications in the provision of care around respect and dignity. Dignity Champions are trained to observe and listen to residents in their home setting. All have a current enhanced DBS(Disclosure and Barring Service) certificate and an understanding of Safeguarding issues and health and safety. They carry out assessments of local health and social care services and provide feedback to Healthwatch CWL.

Under Section 186 of the Health and Social Care Act 2012 Healthwatch has a statutory power to 'Enter and View' places that provide publicly funded Health and Social care services (with the exception of Children's Social Services). This may be unannounced or through prior arrangement to view and assess a service. The Dignity Champion Assessments may also be referred to as 'Enter & View'.

Our Dignity Champions key priorities are to understand the views and experiences of local residents, and to speak up about dignity to improve the way services are organised and delivered. The Healthwatch CWL Dignity Champions follow the 10 standards set out in the Department of Health's 'Dignity Challenge'.

The Dignity Challenge

High Quality care services that respect peoples dignity should:

1. Have zero tolerance of all forms of abuse
2. Support people with the same respect you would want for yourself or a member of your family
3. Treat each person as an individual by offering a personalised service
4. Enable people to maintain the maximum possible level of independence, choice and control.
5. Listen and support people to express their needs and wants
6. Respect people's rights to privacy
7. Ensure people feel able to complain without fear of retribution
8. Engage with family members and carers as care partners
9. Assist people to maintain confidence and a positive self esteem
10. Act to alleviate people's loneliness and isolation



Background

Overview of Princess Louise

Princess Louise Nursing home provides nursing and accommodation to 45 adults with continuing care needs.

Rooms are set out over three floors with the first floor being primarily for those living with dementia and the second floor for elderly residents with nursing needs.

The home is run by Sanctuary Care. Sanctuary took over the running of the home in 2015 and staff were TUPEd over from CLHC (Central London Health Care).

- A 45 bed nursing home providing full nursing care for frail elderly people and people living with dementia run by Sanctuary Care homes. On the days that we visited 44 beds were occupied.
- Residents live across two floors with two units on each floor.
- There are no rooms on the ground floor.
- There is a garden for residents and dining and activity areas on each floor. There is no on-site kitchen.
- There are laundry facilities and a visiting hairdresser. The current Manager has been in post since April 2016.
- The last CQC report published in Jan 2017 - Requires improvement.



Methodology

The team of Dignity Champions collected intelligence using the following methods:

1. An introductory meeting with the Manager and a Healthwatch member of staff was conducted in January 2017 prior to the Dignity Champion visits.
2. The Dignity Champions recorded their observations regarding the environment of the care home.
3. They spoke to individual residents who were happy to talk.
4. Informal conversations were conducted with a range of staff members on duty at the time of the visits.
5. Reviewed documentation including activity timetables, menus and background information on the service.

Following this the following steps take place:

1. Report is collated
2. Report for Manager to review
3. Follow up meeting with Manager/s to discuss response to Dignity Champion Report
4. Ongoing support for Manager as required

Assessment dates

The visits took place at the following times:

- 17th March 11am (for 2 hours)
- 14 June 10 am for 3 hours (lunch was observed)

Three Dignity Champion attended each visit.

Over both visits we spoke to 10 residents, 4 members of staff and 2 relatives.

Environment

External /reception

Both externally and internally the home was tidy and well maintained.

The reception area is bright and spacious with a waiting area with a fish tank and a notice board clearly displaying activities for the week.

Guests are required to sign in on arrival.

There is a clearly marked suggestion box in the reception area.

There was a well-kept garden with tarmac making it easier for residents in a wheelchair to access the garden.

Internal

Bedrooms were tidy but functional and not dissimilar to those in a hospital however residents are able to furnish them with their own possessions (furniture and paintings) if they wish.

Signage throughout the home was clear and the Dignity Champions particularly liked the fact that each door had a personalised sign on it saying:

“My name is I like to be called”

This ensures that residents are called by their preferred name.

The first floor which is home to residents living with dementia provides a dementia friendly environment and Dignity Champions noted the use of ‘memory booths’ along the corridors including poster of the Beatles, an old telephone and a record player.

There were no negative odours in the home.

Activities and wellbeing

Staff interact well with residents and residents who we spoke to said the staff were caring and responsive.

A new Activities Co-ordinator was due to start after our first visit and was in post during our second visit. She has built on an already varied activities programme.

An accessible (large print with pictures to back up words) activities timetable was clearly displayed in several places and Dignity champions were pleased to see a good range of activities on offer. A number of residents said that the introduction of the newspaper reading sessions was welcome.

The Activities Co-ordinator is keen to talk to residents who do not normally attend the sessions to find out what they would like to see included in the programme. For those unable to join the session, activities can be brought to their rooms. This is something that the new co-ordinator is keen to build on.

The challenge for staff and the Activities Co-ordinator in particular is that residents spend significant amounts of time in bed due to their medical condition.

One lady said that she did not usually attend the sessions as she didn't want to play bingo and felt that she would like to see more stimulating activities. The challenge for the co-ordinator is finding a way to support individual needs in a session where varying needs have to be accommodated. The introduction of volunteers into the home may support this and was discussed with the Manager.

Another resident said that he would like to be taken out more and although staff said they would take him out, they did not do so

“I think it is because they are too busy”

He talked about feeling isolated as he did not have visitors.

The Care Home Manager organises events for the residents and families including:

- International day (celebrating the different cultures of staff and residents).
- Birthday Celebrations for each resident.
- Bigger celebrations when someone turns 100.
- Care home open day (for all local stakeholders and residents including Councillors).

Children from the local school have also visited and the Manager hopes to make this a regular event.

There have been a number of deaths over the past few months and the home offers the resident's family the option of holding the service (and after event) at the home.

Wellbeing

There is a visit from the Doctor twice a week. Staff can make notes in the 'Doctors book' of any concerns that they have. There is a book in each unit.

The staff team are aware of the 'Out of hours GP service' and use this when their local surgery is closed.

One resident had requested a hand operated wheelchair that would enable him to move himself around rather than relying on staff to push him around but had been told that morning that he would have to wait a number of weeks for this.

We mentioned this to the Care Home Manager who said that she would look into this immediately.

Another resident with Parkinsons said that he would like grips on his chair so that it would be easier to sit up.

On our second visit an optician was visiting the home.

Care and staff

Staff appeared to be respectful and caring towards residents, calling them by their preferred names (which are clearly marked on resident doors).

Dignity champions observed the Bingo activity session that was taking place that morning and observed staff proactively trying to involve residents in the session.

One lady with a communication disability and in a wheelchair was unable to mark the card herself but won the session with assistance from staff and was congratulated and visibly very pleased to have taken part.

One resident said :

“I like the staff they are kind but I try not call them too often as they are very busy and I know it is difficult for them to get here quickly.”

We spoke to a relative on the first visit who told us that clothes went missing sometimes in the laundry despite name tagging items. This was an ongoing source of frustration for the relative.

This has been followed up with the Manager who pointed out that this issue has been resolved with the resident being compensated for the loss of clothing at the time. She also stated that that this happened over a year ago and had not happened since.

We observed lunch and saw that staff assisted residents as required.

Each day there is a nominated ‘resident of the day’ - an opportunity to do an in-depth review/assessment on a regular rotational basis of each resident in addition to the usual day to day requirements.

There are regular resident and relative meetings.

Staff are able to access care plans and are aware of the importance of doing so.

There is a meeting every morning with the staff team to discuss any issues and/or events planned for the day.

We spoke to five staff members over our visits. All said that they felt supported by the Manager and felt that she was doing her best to ensure the home is offering the best service possible.

All questions that Dignity Champions had on the day were followed up quickly by the Care Home Manager.

The Manager has introduced a number of initiatives for staff including:

- Moving/rotating staff between floors which has help with personal development and getting to know residents.
- Programme of training (all staff have received dementia training).
- There is a 'kindness award' for incentivising staff.

The manager said she is keen not to use agency staff and is working towards making the staff team a permanent staff team.

Each unit has a nurse with two nurses working at night. A staff rota was on display in the reception area although there were no photos of staff on any of the floors which the Dignity Champions felt may be useful.

The Dignity Champions were pleased to note that every afternoon there is a 'Together at 10' session where all members of staff in the home stop what they are doing to spend 10 minutes having a one to one conversation with a resident. This includes all staff (reception/ laundry staff/ cleaners)

Staff said that they thought this was a good way of ensuring that the team got to know the residents.

Food and meals

The home does not have an on-site kitchen. Food is prepared off site and delivered chilled and stored in fridges. It is then heated and served from the trolley.

During our second visit we observed lunch on both floors and spoke to residents across both visits about the food.

The majority of negative comments about the home were related to food.

One resident said that the hot food was not good and always overcooked and that she tended to eat the cold options although they did not always turn out to be what she had requested.

“They use packet soup and the vegetables are all overcooked so I have sandwiches and cheese usually”.

“Everything comes with the same gravy”

One resident told us that he didn't like the food

“I can’t ever get oriental food so my carer brings me in food from home everyday”.

This was taken to the Manager who explained that considerable attempts have been made to accommodate this resident. She pointed out that Oriental food is available but the resident does not want this everyday and due to the lack of onsite kitchen meals must be pre-ordered. She has also provided fridge in him in his room so that meals that are prepared outside can be stored for him.

Another resident who requested a Halal diet said that had only been offered chicken and spinach as an option. The Manager agreed to look into this as there should be a choice of Halal options and has since followed up with a menu showing the full choice of Halal options which was then explained to the resident.

The Dignity Champions saw that there was a lot of food left which was then throw away. A resident told us that there was a lot of wastage.

Another resident said that small changes could make a difference to her meals.

“I would like to be able to add cress to the egg sandwiches that we have”.

The manager said that she would look in to providing cress for this resident.

Due to lack of an on-site kitchen it is difficult for the home to accommodate food choices outside the menu although yoghurts, fruit, soup (dried) and ice cream were available on request.

Throughout the visits the Dignity Champions welcomed the use of water jugs in residents rooms and at meals with either a ‘red’ or ‘blue’ lid. The use of a ‘red’ lid indicated that the resident needed assistance to drink the water.



Conclusion

The Dignity Champions found that the vast majority of residents at Princess Louise are happy with their care. The attitude of the staff is caring and the residents are treated with dignity and respect but the range in the level of care required means that staff are not always able to spend one to one time with residents whose needs are not as acute as other residents (eg finding time to take them outside).

The home is led by an enthusiastic Manager who is keen to build a cohesive and responsive team. She recognises benefits that an on-site kitchen would bring to the home and will be working with Sanctuary Care around this.

The Manager is keen to work with the local community (including Voluntary Organisations) to ensure that they know about the home. She asked us to publicise open days in the future and the offer of the use of a room for local community groups. She welcomed the opportunity of working more closely with Healthwatch over the coming months and invited Healthwatch and Dignity Champions to attend meetings with staff and residents.



Recommendations

No.	Date	Suggestions/Recommendations/developments	Person/s Responsible	Potential Timeframe	Update/Response from Alan Morkill
1	June 2017	Consider how volunteers could supplement the staff team (Healthwatch has provided list of organisations to contact).	Care Home Manager Activities Co-ordinator	ASAP	
2	June 2017	Reassess the time scales and feasibility of an on-site kitchen.	Care home Manager/care staff Activities Co-ordinator	ASAP	
3	June 2017	Look at how residents with no family can be supported to avoid isolation.	Care Home Manager	ASAP	
4	June 2017	Continue to build links with local community.	Care home manager and Staff	Ongoing	
5	June 2017	Continue to look at how best to support the varying needs of all residents to ensure personal choice is maintained (food, going out, activities).	Care Home Manager	ASAP	



6	May 2017	Updated information about the role/work of HW CWL to be made available to the home and ongoing involvement with Healthwatch local engagement lead.	HW CWL staff	ASAP and ongoing	Dignity Champion report available in the Home. HW CWL to liaise regularly with the Home.
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Contact us

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