



Healthwatch Central West London
Dignity Champions visit
Alan Morkhill

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 Alan Morkhill care home located in the Royal Borough of Kensington and Chelsea (RBKC) and run by Goldcare homes.

The visits follow a previous visit to the home in 2012 and 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 but very busy with the result that their ability to carry out their roles and offer the desired level of care was hampered. This is a message that we heard consistently from staff themselves across both visits as well as residents who told us that staff were caring but 'always busy'.

We also found that the home does not have a routine visit from a GP or a named GP and if residents or staff feel that they need to see a GP they must contact the surgery directly leading in delays in residents seeing a GP and referrals being made.

The environment was clean and tidy but the décor was tired with paint work chipped and water marks visible in a number of places.

On the second visit we saw the cleaning trolley complete with all cleaning materials and fluids had been left unattended which represented a safety risk.



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 & 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 care home. The Dignity Champion Assessment 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 following 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 Alan Morkhill

- A 49 bed residential home providing care for over 65s owned by Gold Care Homes. On the days that we visited 47 beds were occupied.
- It provides both residential care and dementia care.
- Residents live across 3 floors.
- The ground floor consists of 6 rooms for self-funded residential care.
- The first floor provides 14 beds.
- The second floor provides 15 beds for people with dementia and the third floor provides 14 beds for both residents with and without dementia.
- All bedrooms are en-suite.
- There is a garden for residents and dining and activity areas on each floor.
- There is an on-site kitchen, laundry facilities and a visiting hairdressing.
- The current Manager has been in post since Dec 2015.
- The last CQC report published in May 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 visit.
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, noticeboards 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
- 5 June 11.30 am for 2.5 hours during which time lunch was observed

Over both visits we spoke to 11 residents and 5 members of staff and one relative. There were 4 Dignity Champions on each visit.

Environment

External

The entrance to the home is approached by the rear of the building.

There were several hanging baskets at the entrance to the home however they had not been planted up and some plants that were visible in the baskets were dead. A small border just in front of the front entrance was partially planted but required attention.

On our first visit, rubbish was visible which had blown out of the bins at the end of the carpark. This was not the case on the second visit.

Internal

The home was clean and tidy throughout although the paint work looked tired and some ceilings showed signs of water stains (including Managers reception area).

The ceiling of a room on the first floor showed considerable water damage and it appeared that damp had been painted over. This was pointed out to the Home Manager at the time who said that maintenance would look at it.

There was no unpleasant odour in the home with exception of one resident room that we visited on the ground floor which had an odour of urine.

There was a pull-down seat in the lift.

Dignity Champions did not find the home an easy environment for older people to navigate - especially those living with dementia. Signs were small, door names and signage was inconsistent and not easy to read. The wipeable menu board was not in use and staff told us that though it was still up it was not used (although menus were available on the tables). The Manager told us that a dementia plan has been drawn up to make the second floor dementia friendly and later showed us the plans which include significant changes to the décor to improve the environment and make it easier to navigate including larger signs, a new layout and new décor.

Resident safety/staffing levels

On the second day that we visited there were 7 staff on duty plus 2 seniors and a head of care. There were three vacancies for carers.

The Dignity champions were pleased to notice a CCTV screen at the Managers desk.

On two occasions during our second visit we found that a cleaning trolley with cleaning fluids had been left unattended. The Manager dealt with this promptly and waited with the trolley until the cleaner returned.

During our visit we witnessed staff being very busy and staff said that they were unable to offer residents the level of care that they would like due to not having enough time.

This was particularly evident on the second floor at lunchtime where two staff members were covering the floor (which was very spread out). The lack of available staffing means that senior members of staff are often required to help which impacts on their own workload.

Two long serving members of staff commented that they had seen staffing levels reduce in the time that they had been employed and that where there are now two members of staff on each floor there were four in the past. The Care home Manager when asked to comment said that there have never been 4 members of staff on this floor.

Staff reported that personal care in the morning was extremely time consuming with some residents requiring 1-2hrs care. If the Senior Care worker was not available the Care staff would have to do the medications in addition to their normal routine.

Staff also said that due to the layout of the home the long corridors meant that it was difficult to cover the floor especially if it was lunchtime and a resident had requested eating in their room and required assistance. Staff felt that an additional member of staff was required at lunchtime especially on the dementia floor where 2 members of staff were covering 14 residents one of whom is blind and needs help at mealtimes.

The Manager and staff also told us that trained volunteers would also be welcome but at the time of our visits there were no volunteers visiting the home.

Care

Residents felt that the staff were kind and caring.

“They are all lovely.”

“They do their best for me here.”

“They are always so busy but try to find time for me.”

The relative we spoke to felt that her mother received good care and that the staff were caring. She also said that her mother liked the food and that she felt there was ‘plenty of choice’.

She said that she felt able to request things for her mother.

Staff had a good understanding of personal preferences of residents and knew something of their past including a Spanish lady. The Manager was observed to greet residents by name.

One resident was Spanish and spoke very little English but a staff member tried hard to communicate with her and understood some of the Spanish words that she said repeatedly. Residents said they felt the staff tried hard to communicate with them.

We were informed that residents were checked in their rooms every hour. However it was difficult to tell if residents were ‘in’ or ‘out’ as some doors were closed. Staff were observed knocking on doors which were closed before entering.

As discussed earlier in this report staff reported feeling stretched and felt that additional staff would ensure that they could ‘fully meet residents needs’.

There are plans for staff to receive dementia training in June from the Dementia Friends programme run by the Alzheimers Society.

Staff expressed concern at the Managers departure in 3 months and the fact that there had been 3 Managers (including the present one) since 2015.

“It means that things will be changing all over again.”

Care Plans

Whilst staff are able to access care plans if they wish (they are kept locked away and they need to unlock the medicine cabinets to see them) there are no regular meetings with staff to talk through Care Plans. A Dignity Champion spoke to one member of staff who was not aware of the details of a residents' care plan.

Food

Residents are able to choose whether they eat their meals in their own room or in the dining room. Each floor has a separate dining area.

All residents who we spoke to were happy with the food and said that there was a choice of menu including sandwiches and yoghurts for those who did not want the hot choice.

Comments included:

“The food is really good, I can always find something I want.”

“We are lucky with our food.”

One residents had her own mug on the table.

On the second visit we observed lunch in two of the dining rooms.

Food was varied and presented in an appealing way. It was served promptly and staff checked with residents to see what they wanted.

Staff were attentive to individual needs and assisted where necessary but most residents were able to feed themselves. Staff commented that it was only because of this that they were able to cope with only having two members of staff on each floor.

An on-site kitchen means that if residents want something that is not on the menu they are able to ask for it (e.g. an omelette).

Residents told us that it was a long way to the dining room. Staff also said they did not understand the policy of asking people to leave the dining room after they had eaten and move to the lounge which was at the other end of the corridor. They

felt that residents would be happier staying where they were and to profit from being around a table. This had been raised with the Manager but staff did not feel that they had a satisfactory answer as to why this was the case.

Activities and wellbeing

During both visits we noted a well displayed and full activities programme. We met with the Activities Co-ordinator who was enthusiastic and keen to ensure that she involved residents in activities as much as possible.

Our first visit was on St Patricks day and there was a full programme of events including a Irish singing and dancing and a visit from the Mayor.

Most Residents said that they enjoyed the activities and interaction between the staff and residents during the activity was good with laughter throughout.

The Activity Co-ordinator visits residents who are not able to join the activities sessions in their own rooms.

One resident felt however that the activities were limited:

“Always the same”

“It would be nice to do something a bit more exciting”

“Include more ‘intelligent’ and ‘physical’ activities.”

Another resident was taken out of the activity session to visit the hairdresser but said he felt he was ‘stuck’ with that appointment time which meant he had to miss part of the activity session.

Once again the Dignity Champions felt that it was difficult for staff to support the one to one preferences of residents around activities and it was noticeable that there were not enough staff to take residents from the activity session to lunch.

One resident was anxious and felt she ‘had been left’.

Another resident had been waiting since January for his Freedom pass to be renewed which means that he is not able to visit his friends in Shepherd Bush. We raised this with the Manager on the day who said that she would look in to this.



Access to a GP

Alan Morkhill no longer has a GP who visits on a regular basis. The Manager explained that she has to request a visit from a GP which takes up her time and also means that residents may have to wait for a visit.

She stated that a new resident who arrived in January had had to wait 4 weeks to be visited by a GP at Barlby Road surgery for a routine visit which had caused the daughter of the resident to complain about the home despite this being something that she felt was unable to influence.

Multi-disciplinary meetings between physio, mental health professionals etc no longer take place (in the past these took place once a month). The Manager found these meetings very helpful and since they have ceased the process of referrals has prolonged as the Manager needs to go through the GP to get a referral.

Despite being within a Borough where My Way, My Care operates (as part of the Whole System approach for integrated primary care) the Manager was not aware of existence of Case Managers.

Conclusion



The Dignity Champions found that the vast majority of residents at Alan Morkhill home are very happy with their care. The attitude of the staff is caring and the residents are treated with dignity and respect.

The Dignity Champions felt that staffing levels seemed low and that staff were pushed to do what they would like to do within the confines of current staff levels. This is especially true in the early morning when they were getting residents up and during mealtimes. Volunteers could support staff with some of these duties.

Additional work is created for the Manager and staff by not having easier and more routine access to GP and multi-disciplinary teams. With the Integrated Care Service 'My Care, My Way' operating in the Borough, the infrastructure and role of the Care Manager should support this.

Recommendations

No.	Date	Suggestions/Recommendations/developments	Person/s Responsible	Potential Timeframe	Update/Response from Alan Morkill
1	June 2017	Ensure that cleaning staff are instructed not to leave trollies unattended.	Care Home Manager	ASAP	
2	June 2017	Review of staffing and consideration of additional staff or volunteer support to support activities, meal times and other peak periods. Review of activities	Care home Manager/care staff Activities Coordinator	ASAP Ongoing	
3	June 2017	Link up with My Way, My Care to consider if more support is available for residents through Case Managers.	Care Home Manager	ASAP	
4	June 2017	Implementation of dementia plan and refurbishment of 2 nd floor to create a dementia friendly environment and specialist training for all staff working with residents with dementia. Dementia Friends training may not be adequate.	Care Home Manager	2 Months	
5	May 2017	Maintenance to check for damp in bedrooms and treat as required.	Care Home Manager	ASAP	
6	May 2017	Consider designated staff to visit another local facility as part of their ongoing training e.g. St Teresa's, Princess Louise to experience another service.	Care Home Manager	3 Months	

7	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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