



ENTER AND VIEW

DARWIN COURT

Part of the Healthwatch Staffordshire remit is to carry out Enter and View Visits. Healthwatch Staffordshire Authorised Representatives will carry out these visits to health and social care premises to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows Authorised Representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, 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. Healthwatch Staffordshire Enter and View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are

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Provider Details

Name: Darwin Court Care Centre [Avery Homes (Nelson) Limited]

Address: Wissage Road, Lichfield, Staffordshire, WS13 6SP

Service Type: Accommodation for persons who require nursing or personal care, dementia, diagnostic and screening procedures, mental health conditions, physical disabilities, sensory impairments, treatment of disease, disorder or injury, caring for adults under and over 65 years.

Date of Visit: 10 August 2017

Authorised Representatives

Name: Robin Bentley **Role:** Co-Author and Observer

Name: Will Henwood **Role:** Co-author and Observer

Purpose of Visit

The methodology to be used is to:

- Talk to residents about all aspects of their care and whether this is delivered in a way that promotes their dignity and independence including the ability to make choices about their daily lives.
- Talk to residents about staffing levels and whether they feel safe with the level of the care provided
- Talk to relatives, if they are available to ask if they are happy with the care provided to their relatives and whether they are aware and feel able to report any concerns/ complaints
- Speak to staff about training, turnover, support staffing levels
- Observe interaction at all levels between residents, staff manager, and visitors

And in particular to find out:

- Are staff able to give individuals appropriate care as required?
- What activities are available to the residents? Is there an activity coordinator? Are there trips out? Do the residents think there has been an improvement in the activities on offer recently?
- Is there a choice of menu? Is the food tasty? Is it served at an appropriate temperature?
- Have there been any replacement mattresses bought or are there plans to do so and if so in what time frame?

Physical Environment

External

Darwin Court is a large purpose built care home of very modern design on three levels, appearing to be in very good condition. Signage and the entrance to the building are clear and well laid out. There are two car parks, but with the number of staff and level of visitors, spaces are at a premium during daytime and double parking was observed. The gardens are expansive, maintained to a high standard and enable residents to safely go outside. The home almost fills a relatively small site, but it has a large and attractive well laid out roof garden with planting and seating, available to all residents with supervision and enabling residents and their families to engage in gardening and planning of shrubs and bulbs. A sensory trail around the garden has recently been completed.

Internal

The internal structure is decorated and maintained to a high standard of cleanliness and includes an alarm system connected to each bedroom to warn staff of any movement by the occupant. The care home is divided into six suites for the management of residents with varying needs and in total can accommodate 112 residents. There are communal sitting rooms throughout with one room not having a television to encourage communication between staff, residents and family visitors. We were shown the main reception areas, and the corridors, lounges and dining areas in all the units, together with nurse stations, a typical bathroom, an unoccupied bedroom, the 'reminiscence room', a cinema room and a hairdressing salon. All appeared spacious, airy and well-lit, and well-decorated and furnished. There is open access from the entrance to the main reception area, which is staffed. Access to and between the units, and to the lift and roof garden, is by keypad.

There was a slight odour emanating from Johnson Suite on entry and this was brought to the attention of the Clinical Lead.

Staff Numbers

These were listed for us as:

Nurses: 4 morning and afternoon, 3 evening, 2 at night

Carers: 28 morning, 31 afternoon and evening, 16 at night

Catering: 6 morning and afternoon

Activity coordinators: 3; Domestics: 10; Administration: 3; Manager.

The names of staff on duty that day/shift were observed on boards in the units, positioned where they can be easily seen by residents and visitors.

Resident Numbers

The home has 112 registered beds, 102 of which were occupied on the day of our visit. It operates as 6 units: Spires (22 private residential), Friary (14 dementia), Cathedral (16 challenging behaviour), Minster (22 nursing), Garrick (17) and Johnson (17) (palliative/end of life).

The private residential clients come from across the Midlands. Local authority and NHS funded residents are mainly from Staffordshire and Walsall

Turnover

We were advised that staff turnover has dramatically reduced since Avery acquired ownership.

Agency Usage

We were told that reliance on agency staff has been reducing. On the day of the visit, agency workers would be covering 3 evening and 1 night care shifts. One agency is normally used for nursing cover, another for care.

6 bank staff can be called upon when needed.

Resident Experiences and Observations

In the units observed, the levels of staff appeared sufficient to meet the needs of the residents, allowing time to talk with them. We saw respectful, sympathetic person-centred care and support, including good manual handling and use of equipment.

During our visit, we witnessed immediate responses by staff to two alarm calls, one of which proved to be an emergency.

Those residents able to express a view described the care staff in terms such as “lovely and helpful”, “they always say please and thank you”, “very nice”. Another resident with dementia told us he was very happy at the home, with all his needs and preferences met.

Quarterly residents and relatives’ meetings are held for each unit. The minutes of the most recent round of meetings were seen. These all contained praise from relatives for the quality of the staff and the care they provide, though several concerns were raised about catering, menus and diets, and there had been some mix-ups when clothing was laundered, clothing going missing, people wearing others clothes, shoes put in the washing machine. The response from Darwin Court was an apology, a full investigation and the staff being spoken to about the correct laundry bag and returning the correct clothing to residents.

Activities

One of the activity coordinators explained that there are 3 such posts, contracted for a total of 88 hours per week to work across all 6 units. A coordinator typically does 2 sessions in the morning and another 2 in the afternoon, across 4 days per week. Their core hours are between Monday and Friday but they also attend at weekends if an event is taking place at the home, which is a common occurrence. We were advised that there is a specific and satisfactory budget allocated to activities. The coordinators design weekly programmes in consultation with residents and relatives, and particularly including new residents. Family members are welcome to join sessions and sometimes do so.

Lists of activities across the units were shown: in a typical week, there are between 3 and 6 sessions on each unit. These appeared to offer reasonable variety. If an activity is taking place in a unit lounge, residents from other units are invited to come and join in if it is judged appropriate and safe for them to do so.

Entertainment, such as a singer, takes place each month in the main reception lounge, to which all residents and relatives are invited.

Regular Church of England services are held and a local Catholic priest visits.

The home has an accessible minibus which is used for outings: recent visits to Lichfield city centre, Barton Marina, a Garden Centre and to Cannock Chase were described.

The home's quarterly newsletter for residents and relatives was seen; this lists a series of events being held at the home throughout the summer.

Family and Carer experiences and Observations

A number of family visitors were present during the visit, but as these included children (during school holidays) and most were seeing residents in their own rooms, it was not convenient to speak to any of them

Catering Services

Menus are on a 3-week cycle. The menu for the week was seen in a dining area. An A3 frame contained an A4 sheet of paper printed in black and white with much grey shading and a decorative font. The observer suggested that A3 menus in a plain font would be better.

The day's meal choice chart for residents of a unit was seen. This demonstrated that choices were offered and taken, and that in at least one case an off-menu a la carte choice had been provided.

The serving and eating of lunch was observed in a dementia unit. Those residents able to express an opinion were generally less than enthusiastic about the main courses on offer: “it’s OK”, “alright”, “not wonderful”, “the pudding’s nice”. The main courses looked and smelt palatable but not exciting. The minutes of a recent residents’ meeting with the chef were seen; these reflected concerns about a lack of variety in all meals and some unappetizing main courses.

We were told that a recently appointed chef (who had come from another care home) is still getting to grips with the needs and expectations of Darwin Court.

An issue raised in the recent CQC report was a lack of attention to monitoring of fluid intake by residents. We were told that more robust fluid intake checks have been introduced and these are being checked by senior carers. Actual intake is now being recorded, and should normally be at least 6 x 200ml per 24 hours. As part of this, jugs of water have been placed in bedrooms; their use is measured.

Staff Experiences and Observations

Staff indicated that Training within the home was excellent and they were encouraged to gain qualifications externally as well as courses laid on at Darwin Court for staff and carers from other homes.

A carer employed at Darwin Court described a good employer and good training.

Nursing staff and Carers explained that they communicated with each other by way of a “Communications Book” to inform staff of changes in the regime and to highlight important issues.

On Garrick there are two residents who are subject to constant 1 to 1 oversight and staff change roles every two hours.

A senior carer employed for over 2 years, and having had previous experience in another local nursing home, said she was very happy working at Darwin Court and described good management; good training opportunities; regular supervision; good communication through unit and all-staff meetings; and welcome involvement in resident/relatives’ meetings.

We were advised that when carers sit with residents the Television is usually switched off to enable proper discussion without any distractions.

Summary, Comments and Further Observations

It was noted that when discussing interpersonal relationships and person centered work some staff found difficulty in articulating this as part of their daily work. It was very apparent from observation that all staff were in fact reacting to and relating to residents very well and in a very caring manner. We witnessed a number of occasions where carers gave reassurance and sat with residents who appeared confused and frightened.

On enquiring about the County Council's Quality Assurance observation on mattresses, we were told that this related to an incident of a stained mattress cover. The waterproof mattresses have waterproof covers. If the cover is soiled or stained, it is the cleaner's responsibility to clean it in situ and report this to the carer. If the cover cannot be satisfactorily cleaned, the cleaner should report this; the carer then replaces it and reports that they have done so. We were advised that, in the instance in question, the need for the cover to be replaced had not been communicated. We were assured that the cleaners and carers have been reminded of the procedure and their respective responsibilities within it.

Healthwatch's understanding is that this had been a major issue rather than a single incident.

Recommendations and Follow-Up Action

Our observation of lunch, the comments of residents, and the minutes of resident/relative meetings, all indicate that the quality of catering at Darwin Court currently falls short of the high standards seen in other aspects of the home. Improvements would be looked for in a future visit.

Provider Feedback

TO BE FILLED IN BY HEALTHWATCH ONCE FEEDBACK RECEIVED

DISCLAIMER

Please note that this report only relates to findings we observe on the specific date of our visit. Our report is not a representative portrayal of the experiences of all residents and staff, only an account of what was observed and contributed at the time.