

**Care Home Provider:**

**Mr & Mrs P Sohanpaul**

**Care Home Address:**

**Main Street, Maids Moreton, MK 18 1QL**

**Date and Time of Visit:**

**09.11.17 – 11.40 am**

**Authorised Representatives:**

**Alison Holloway, Sheila Cotton**

### Summary of findings



- We were told about good personal and physical care provided
- There seemed to be insufficient staff around, little interaction between staff and residents and little for residents to do

### The Visit

The Red House provides nursing care for 27 people many of whom live with advanced dementia. We talked to 1 member of staff and 4 residents and observed another 10 residents and 3 staff.

### How people are treated



The manager told us that her staff are multi-skilled and permanent. Six staff work mornings, four for the rest of the day and two at night. A resident told us that the day staff were “really good” but “night staff are unfriendly”. We were told staff were too busy to talk and sometimes it took a long time for a call bell to be answered. At lunchtime, we saw only one person was eating in the dining room. We then observed ten residents in a lounge with one, new, member of staff. Some were asleep whilst others were feeding themselves. The staff member was feeding one resident. Several times they had to stop this task because other residents became distressed, or spilt their drink across their lunch plate or were trying to clear up split food on the floor and chair. The staff member managed the situation very well but the person being fed had to wait over half an hour to finish their main course; “back again, sorry about that”. A second staff member did come to feed another resident. Staff sat next to residents when they fed them but there was little or no conversation. When another resident started quietly sobbing neither staff member reacted. Footplates on a wheelchair had not been fixed correctly and one soon fell vertical leaving the resident constantly, but unsuccessfully, trying to put their foot up. Another two staff entered the lounge but none noticed this over a period of at least 20 minutes.

However, we did hear staff talk respectfully to residents. We heard: “May I remove that bib for you?” and “You don’t want to sit there? Let’s go over here then”. A staff member did also fetch a handbag from a bedroom for a resident who asked for it.

### Personal Choice



We were told that residents can get up when they want to. However, one did say “I can’t get up if it’s not my turn” but did also add that occasionally they could have a lie in. We saw residents eat in their bedrooms, one in the dining room and others in the lounge. We saw the same meal, served to everyone we observed and we saw no menus anywhere. A resident said they didn’t know what was

for lunch but it was always fish and chips on Fridays. They said there was no choice of food at lunchtime but said the food was very good. We observed the portions were generous and residents seemed to eat well. We saw a fortified drink being served in a Sippy cup and blackcurrant juice in glasses. Another resident had tea in a beaker.

Residents who we spoke to preferred to stay in their rooms as said that there were few other residents who could hold conversations. Yet two of these individuals were in bedrooms next door to each other. Residents told us they are encouraged to exercise with walkers along the corridors. The manager said it took several months to get Physio appointments. One resident said they would have liked to have gone into the garden more in summer but there were not enough staff.

### Just like Being at Home



The home was warm and clean with ornaments and lots of soft toys in one lounge and flowers on the dining tables. The TV was on in the main lounge at lunchtime although no one was watching it. The other smaller lounge had several chairs around the edge. The only person in this room was asleep. Visiting times are limited to 8am – 8pm and hospital discharges to the home must be done by 6pm. This is to ensure the home becomes calm by a reasonable time in the evening.

One bedroom we saw was personalised with cards and photos and very tidy. In another, we saw a resident have their personal belongings to hand. A resident told us they have a paper every day. “If you put something in the laundry in the morning it’s ready by the afternoon.” Residents were free to wander around although if there were stability issues, we were told staff would be in the vicinity just in case. One resident told us that they were encouraged to walk and keep their muscles moving but staff would be in the corridor with them. We heard another say, “not so fast X, you nearly fell”.

### Privacy



We saw staff knock on bedroom doors before entering. A resident told us that staff would help them to the toilet then, when no more help was required, move outside the door until called. Staff also closed bedroom curtains and doors, without being asked, when personal care was given. The resident felt respected by the day staff but not by the night staff.

### Quality of Life



Residents appeared clean and tidy and a resident commented on how good staff were in this respect. However, we did notice a used urinal bottle on a bedroom windowsill which was not removed by any staff member although two entered the room whilst we were there.

We saw a monthly activity planner regarding external visitors such as singers and students from Stowe school visiting. The manager also told us that some residents are taken out to the church coffee morning every Wednesday. We also saw the minibus being used to bring a resident back from an appointment. We were told that some residents had done some colouring in the lounge in the

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morning although we did not see this. There was no timetable for daily/weekly activities undertaken by staff on any noticeboard and no one-to-one activities that any residents could recollect.

At one point, a resident started lifting chair cushions, in the lounge, whilst another was fiddling with the door lock. Staff did not produce any dementia friendly activities to distract them. They did ask nicely for them to stop doing it and moved them to the other side of the room. Some residents did appear bored and lonely and sought to hold our hands.

The manager told us the home has a good relationship with the local GP. Residents receive annual checks with podiatrists and opticians. However, since the dentist at Buckingham hospital had retired, residents had found the move to receive dental treatment at Buckinghamshire Priority Dental Practice in Aylesbury more stressful due to the distance.

### Recommendations

#### We recommend that The Red House:

- obtains more help available, from staff, relatives or volunteers, at lunch time to enable those who need help to eat to receive it whilst still providing staff support for other residents
- ask local knit and natter groups or WI to produce a range of fidget cuffs / blankets for residents who live with dementia.
- borrows reminiscence resources from Bucks Libraries
- arrange more one-to-one activities particularly for those who choose to remain in their rooms.
- arrange for residents who do not live with advanced dementia to socialise together
- post weekly written and pictorial menus up on the wall or dining room tables
- ensure all residents are aware there is a choice of food at meal times
- clear way used urinal bottles in a reasonable time

### Service Provider Response



Thank you for your feedback with regards to the above. Whilst we appreciate you accept the visit was just a snapshot of what you see on that particular day and time, we would still like to give our feedback on your report.

At night we have 2 healthcare assistants on duty and one RGN. Please note that the reduction of staff at night is due to the reduction in tasks at night. The healthcare assistants do the hourly checks on all residents and attend to any resident that has rung the nurse call bell. If the call bell is not answered within a certain time then it will change tone and the RGN will be alerted that the healthcare assistants are busy with other residents and they cannot attend to that call and then she will step in to assist.

In the morning shift we have 6 carers on, plus an activities assistant/coordinator, an RGN and the Manager is always willing to step in with any care assistance required. We always have this level of staffing even if we do not have the full capacity of service users. Some days we have a floater healthcare assistant.

On the day you noted that there was only one person in the dining area at lunch time, however that dining room is usually full but at the time you were observing by then all the service users that were dining there had been taken back to their respective choices (quiet lounge, communal lounge,

bedroom) and that was the last service user waiting to be taken to be taken back to wherever they wanted. This was confirmed to me by the carer who was assigned to the dining room on that day. On the subject of no menus displayed, we used to display the menu on the wall in the dining room however when we wanted even more choices of food available and approached our cooks, they said they were willing to cook whatever the service users wanted to eat, we took it down. We used to show picture cards of food that was going to be served to the service users who could not express themselves however this often resulted in them wanting to hold the card and then they would think that was the actual food and they would start chewing on the card! What we do do is when a service user comes initially to our home we ask family members if they know of food and drink likes and dislikes so that we would not serve those items to them, this is noted in their care plan and told to the cooks. Every morning a carer will read out from a 'menu request form' which shows more than 4 options apart from the set menu to each service user. The service user is asked what they would like to eat then that is noted. If they still do not like anything listed then they are asked for their exact choice. For those that cannot comprehend what is being asked then the food on the set menu will be served and for those that can they will tell their choice to the carer. Then all these details are passed to the cook. On that day there could have well been 3 residents who would have ordered something different to the set menu. On that day one of the residents had requested poached salmon with boiled potato and vegetables and fresh fruit instead of the set menu. We get to know the regular alternative foods that get ordered so cook makes sure there is always a stock of what is required for these meals. The majority of our residents cannot express/comprehend what they want to eat so a set menu that has nutritionally balanced meals has to be in place. We also use observation whilst the meal is being served, i.e. are they spitting the food out which shows they are not enjoying the meal, then we will try an alternative. We will now recommence putting the menu on the board and also restart using the picture cards of food/meals again.

On the subject of people that can hold conversations being encouraged to mix more, the service user that was picked up by you that remained in their bedroom, does not like to converse with anybody else except staff and their family. It is a request by the individual and is logged in their care plan, so we have to respect their wishes. We do ask this individual would they like to go on a particular external outing or for them to join in with entertainment but they mostly refuse as they also do when their family invite them out. They do however always appreciate a daily walk along the corridor. Staff still continue to encourage them to go to the garden and we will continue to with this encouragement. This individual gets a one to one activity of their choice every day and even if it is summer and it is suggested that we take them to the garden, they mostly refuse. When external volunteers come, ie students from Stowe school who visit every Monday they always pop in to all residents in their rooms as well as the lounges.

With regards to activities daily/weekly planner, there is a copy of this in the activities book. Any activity done by a resident is logged in their care plan. We will put a copy of the weekly activities in the front entrance as well now. For those that are bed bound some form of one to one activity is done every morning. We do have fidget cuffs, some are in the bedrooms of those residents that are bed bound and some in the large communal lounge. We will encourage more use of these cuffs and make them more prominent. We also bought a fidget blanket recently and depending on how much it gets used we will purchase more. We are also in the process of acquiring fidget boards to further engage fidgety hands.

On the subject of the Library, we had previously requested a mobile library visit us and we would borrow books/reminiscence items. The activities coordinator at the time decided to stop this service after a few months as the items were hardly being used and service users were showing no interest in them or engaging with them. That is something we can try again though.

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We will look further into more help at lunch time from volunteers and to see if there are any local knit and natter groups

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### **Acknowledgements**

Healthwatch Bucks would like to thank the residents and staff at The Red House for their contribution to the Enter and View visit as part of the Dignity in Care project.

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### **Disclaimer**

Please note that this report, on dignity in care, relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all residents and staff, only an account of what was seen and heard at the time.

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### **Methodology**

This was an unscheduled Enter and View visit in that the care home were given up to 2 weeks' notice of our intention to visit but not the time and date. Authorised representatives noted what they observed and were told.

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