healthwatch
Staffordshire

# Enter & View

## Report

## Kingsley Cottage
## Hednesford
19th June 2018


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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 reported in accordance with Healthwatch Staffordshire safeguarding policy, the service manager will be informed and the visit will end. The Local Authority Safeguarding Team will also be informed.

## Provider Details

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|---|---|
| Name: | Kingsley Cottage |
| Provider: | Mr. & Mrs. R.S. Rai |
| Address: | 40 Uxbridge Street, Hednesford, Staffordshire, WS12 1DB |
| Service Type: | Residential care aged 65+ including dementia |
| Date of Visit: | 19 June 2018 |

## Authorised Representatives

This visit was made by three Authorised Representatives of Healthwatch Staffordshire, one of whom was newly qualified and shadowing two more experienced ARs.

## Purpose of Visit

Independent Age, a national charity, have developed a set of 8 Quality Indicators for care homes. We are including an evaluation, based on our findings on the visit, of these quality indicators, which are as follows:

A good care home should…

1. Have strong, visible management
2. Have staff with time and skills to do their jobs
3. Have good knowledge of each individual resident, their needs and how their needs may be changing.
4. Offer a varied programme of activities
5. Offer quality, choice and flexibility around food and mealtimes
6. Ensure residents can regularly see health professionals such as GPs, dentists, opticians or chiropodists
7. Accommodate residents personal, cultural and lifestyle needs
8. Be an open environment where feedback is actively sought and used

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 staff levels.
- Observe interaction at all levels between residents, staff manager, and visitors.

## Physical Environment

### External

Kingsley Cottage is a large and extended old house, located on the busy A460 at Hednesford. It is clearly signed when approached from Cannock but not in the opposite direction. On-site parking is limited.

There were some newly planted pots near the main entrance, but the approach was generally not well presented – the garden needed weeding, drains were clogged with leaves and there were pieces of unused guttering near the entrance. The right-hand front door jamb appeared rotten at its base to a height of at least a foot. The building's double-glazed windows and window sills looked dirty.

The front door into a small porch has a bell and a member of staff responded promptly. The inner front door is controlled from the inside by moving two lever handles in opposite directions to exit the building. The home does not have CCTV.

The back garden is reached from the dining room (or alternatively through the laundry). We were told that residents can use this area if escorted either by care staff or by visiting friends and family members. There are seats, grass and ground cover, and the paving generally appeared to be in a reasonable condition.

We were shown one area that we were told is maintained by the family of one of the residents, but the rest did not look attractive or well-maintained. A wooden side gate leading to the front car park was locked but in poor condition.

An unfenced storage area housed a plastic storage box with insecure door, and plastic tubs of cleaning liquids and other items. The bin area was also untidy, with plastic tubs still containing remains of liquid contents and other discarded items. A black plastic bin near the door was full of stagnant water. We also observed a discarded door, pipes, a piece of wood with exposed rusty nails and old roofing felt left in this area. We were concerned by the potential risk posed not only to residents but to visitors, especially children.

**Internal**

There is a visitors' book and we were asked to sign in and out. A later inspection of the book indicated that two visitors who arrived during our visit had signed in.

A notice board in the inner reception area displayed various notices in a somewhat random fashion. A door to the right labelled 'Manager' was blocked by a fire extinguisher suggesting it was not in use. The area generally appeared somewhat run down and uninviting.

The dining room, which is in an airy conservatory-style extension, was laid for lunch but there was an electric floor cleaner near the entrance to a space housing a chest freezer and other items including some games. It is unlikely that the residents would be able to access the games without assistance.

In the dining room the laminate flooring was heavily stained in one area and in one corridor the laminate top covering was 'lifting'. The carpet on the stairs to the six first-floor rooms looked dirty and stained.

Three wheelchairs near the dining room door were folded but with their brakes off. Several corridor areas appeared rather cluttered with supplies and equipment.

A call/alarm switch on the wall in the dining room was taped over and there did not appear to be another one available.

The home has a small laundry room. We were told that all residents' laundry is done here, and that the ironing is done at night.

There is a lift between the ground and first floors; this has 'sliding gate' doors.

The upstairs bathroom housed a bath with rising seat. We were shown a new toilet/shower room downstairs which we were told had been installed some months ago, but its door had no sign identifying it.

No odours were detected in any area.

## Resident Numbers

The home has 17 beds, in 13 single rooms and 2 doubles. All current residents are permanent except for 2 who are receiving respite care.

4 of the current residents were described to us as being bed-bound and receiving hourly checks.

## Staff Numbers

The home's current staffing establishment was listed for us as being:

Carers: mornings 2/3, afternoons 2 (to 4pm), evenings 3 (4pm-8pm), nights 2

Activity Coordinator: none

Domestics: mornings and afternoons 1

Maintenance: routine maintenance is undertaken by the owner

Administration: none

Management: mornings and afternoons 1

Catering: mornings 1

## Agency Usage

The home does not have any bank staff or use agency staff.

## Management

### Management – A good care home should have strong visible management.

**The manager should be visible within the care home, provide good leadership to staff and have the right experience for the job.**

### Our findings

The Manager was not present during our visit and we were assisted by the Deputy Manager who also undertakes care duties.

All the care staff we spoke to said that they enjoyed the work and related well to the management and owners. They also felt supported by management and this they thought was helped by being long serving members of staff. They knew the Manager and Deputy Manager very well and they stated there was a close bond between them all and they could laugh and joke with each other.

## Comments

It is unfortunate that we were unable to meet the manager on this occasion.

## Staff Experiences and Observations

# Quality Indicator 2 – Have the staff the time and skills to do their jobs

**Staff should be well-trained, motivated and feel they have the resources to do their job properly.**

## Our findings

We were told that all but two members of staff, who are new starters, have NVQ qualifications. The Deputy Manager told us that staff training is very important and that if relevant areas were not covered the individual member of staff could be fined, so the manager maintains a close eye on carers' development.

The staff we spoke to were relaxed and willing to share their experiences. They said they are encouraged to add qualifications to their curriculum vitae.

One member of staff stated that she enjoyed working in a 'small' Residential Home as it gave her more time with residents. All staff were welcoming and shared that attitude with all of us.

Carers felt that they had adequate staff to complete all necessary tasks.

## Comments

The staff's views and the interruptions caused by a medical emergency notwithstanding, we thought that on balance during our visit there were insufficient staff to manage a very dependent resident group, some of whom required help with feeding. Seven residents in one dining room were left on their own for well over ten minutes. One resident started coughing in a choking manner; this passed fairly quickly, but nevertheless no member of staff attended the dining room. During that time the only person seen was the cook who brought a resident's dinner to her, but she had fallen asleep and did not eat her meal.

# Quality Indicator 3 – Do staff have good knowledge of each individual resident, their needs and how their needs may be changing

**Staff should be familiar with residents' histories and preferences and have processes in place for how to monitor any changes in health and wellbeing.**

## Our findings

It became very apparent that the care staff offered very good care to the residents, they were patient and spoke at length to the residents when attending to them.

When a resident had a coughing spasm, they were assisted to use breathing exercises that she had been taught to control the spasms. Unfortunately, the only member of staff present had to stop feeding another resident to do this. As a result, it appeared likely that food was then cold when the carer returned to continue feeding her.

## Comments

From our observations the staff were knowledgeable about their residents, not only from discussion with them but from the details in their care records and life history.

## Activities

# Quality Indicator 4 - Activities – Does the home offer a varied programme of activities?

**Care homes should provide a wide range of activities (and ensure residents can access these) in the home and support residents to take part in activities outside the home.**

## Our findings

The home does not employ an Activities Coordinator; nor is there a designated member of staff to lead on activities.

We were told that activities generally take place on Wednesday and Thursday each week, organised by a member of the care team as and when they are free to undertake this task, and that a local student also comes weekly to assist with the provision of activities. Carers told us that that they had not received training in undertaking activity work.

We were told that the residents enjoy bingo, gentle chair-based exercises, house music, quizzes, games, and arts and crafts. A table in the corner of the dining room had clay models that had been made by residents. There was also a Wish Tree decorated on this occasion in red, white and blue to promote interest in the World Cup football competition.

A copy of Staffordshire Healthwatch's 'Living not Existing' leaflet was given to the deputy manager.

## Comments

While some activities evidently take place, it would enhance the wellbeing of residents to have a designated activity coordinator and activities available on a daily, or near daily basis. The residents could benefit from more stimulation. Most would require help and support with activities, but it might be preferable to sitting, sleeping or watching television.

## Catering Services

### Quality Indicator 5 - Catering – Does the home offer quality, choice and flexibility around food and mealtimes?

**Homes should offer a good range of meal choices and adequate support to help residents who may struggle to eat and drink, including between mealtimes. The social nature of eating should be reflected in how homes organise their dining rooms and accommodate different preferences around mealtimes.**

### Our findings

The kitchen was not very large and the door into the corridor of the home was open, with no apparent means of stopping flies and other insects from entering.

The cook showed us fluid charts and feeding manuals for all residents and these appeared satisfactory. The cook explained that she prepares meals on a daily basis and the residents give their orders in the morning for lunch time. There was a choice of two meals at lunch, but one was the same each day. There was a choice of three meals at tea time.

From observation the cook brought in the meals to residents individually and at that time she did not receive help from other staff members, though that could well have been because a resident who had fallen ill and required urgent attention. The meal we saw being served appeared to be well presented.

### Comments

The cook needs help to serve meals otherwise they will be cold when delivered to residents.

## Resident Experiences and Observations

### Quality Indicator 6 – Does the home ensure that residents can regularly see health professionals such as GPs, dentist, opticians or chiropodists?

**Residents should have the same expectation to be able to promptly see a health professional as they would have when living in their own home.**

### Our findings

Because the deputy manager needed to deal with a medical emergency, we were unable to obtain information on this during our visit.

## Quality Indicator 7 – Does the home accommodate residents personal, cultural and lifestyle needs?

**Care homes should be set up to meet residents cultural, religious and lifestyle needs as well as their care needs, and shouldn't make people feel uncomfortable if they are different or do things differently to other residents.**

### Our findings

All the residents seen appeared to be of White European heritage.

We saw names and photographs of residents on their bedroom doors.

In the lounge, a resident's own recliner chair that they had brought with them to the home was pointed out to us. Similarly, we were shown a resident's bedroom which contained items of their own furniture.

We were told that all residents' clothing is labelled, and their choice of dress was explained to us: each evening they are invited to choose their attire for the following day.

We were told that visits from a local church take place monthly, with music etc.

### Comments

We were not made aware of any specific cultural or lifestyle needs in relation to individual residents but we saw that the home supports residents in individual choice and preferences.

## Family and Carer Experiences and Observations

Because our visit was curtailed, we were unable to pursue this line of enquiry.

## Quality Indicator 8 – The home should be an open environment where feedback is actively sought and use.

**There should be mechanisms in place for residents and relatives to influence what happens in the home, such as a Residents and Relatives Committee or regular meetings. The process for making comments or complaints should be clear and feedback should be welcomed and acted on.**

### Our findings

Because our visit was curtailed, we were unable to pursue this line of enquiry.

## Summary, Comments and Further Observations

We decided to curtail our visit after a medical emergency necessitated the calling of an ambulance to an ill resident, and the deputy manager understandably needed to deal with this. We were not therefore able fully to pursue all the lines of enquiry on this occasion.

We formed the view that more needs to be done to provide meaningful activities for residents across each day of the week.

## Comments

The medical emergency during our visit caused visible disruption to the home's routines, with diversion of staff from their normal duties. In a relatively small home with staffing levels to match, this impacted on the timeliness and quality of care. We noted, however, the views of care staff that (under normal circumstances) there were enough of them to provide good quality and timely care.

## Recommendations and Follow-Up Action

We recommend that the home follows up the ideas and recommendations in the 'Living not Existing' leaflet and report, in order to deepen and widen the range of meaningful activities available to residents across the week.

A future visit could look at what progress has been made, and whether the storage of supplies and equipment inside and outside the home is better arranged and secured and that unwanted cleaning materials and other items are disposed appropriately.

The home could consider signage of the new toilet/shower room that has been installed downstairs.

The home should remind staff to apply the brakes to wheelchairs when they are not in use.

The home could consider installing a mesh or screen at the kitchen door if it is going to be left open for extended periods of time.

## Provider Feedback

No feedback has been received from Kingsley Cottage


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