

Date of visit: 18th of April 2016

Enter and View Report: Dalemead Care Home

10-12 Riverdale Gardens, Twickenham, TW1 2DA

A private residential care home located in a quiet residential area close to Richmond Bridge and the River Thames. It comprises 2 large adjoining Victorian houses, modernised and extended, with a large garden and accommodates up to 49 residents. The accommodation is arranged in four separate groups and each group has its own lounge, dining room and kitchen

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Introduction

Dalemead Care Home is an adult residential home owned by Mr Anwar Phul, at 10-12 Riverdale Gardens, Twickenham, Middlesex, TW1 2DA, Mr Phul is the registered manager and responsible for the services provided. At the time of the visit the home was registered with the CQC as 'Accommodation for persons who require nursing or personal care. The CQC describe the service being provided as caring for adults over 65 with specialisms in Dementia and Mental Health conditions.

On the day of the visit the Manager, Mr Phul, and Deputy Manager, Lynn Whittaker, were present.

The home can be contacted on (020) 8892 2161.

Website: <http://www.dalemead.com>

Healthwatch Richmond is a registered charity that acts as an independent voice for people in the London Borough of Richmond upon Thames. It helps to shape, challenge and improve local health and social care services. Healthwatch Richmond was set up by local government following the health and social care reforms of 2012. The Act and its regulations granted Healthwatch powers to request information from health and social care providers and receive a response within 20 days, and to enter and view premises that provide adult health and social care services.

During 2014 and 2015 a number of Enter & View visits were undertaken and reports of these visits can be found at: [reviewing-residential-care](#)

Rationale

In 2016 Healthwatch Richmond began a new programme of visits to residential homes. In selecting Dalemead Care Home we analysed a range of data available to us from the CQC, the Local Authority and community sources including if the home was due to have a CQC inspection or a Local Authority visit or whether these visits had occurred recently. This enabled Healthwatch Richmond to identify which homes to visit aside from those with which there are ongoing concerns.

The selection of Dalemead Care Home for visiting is described in the Rationale above. It was a home that Healthwatch Richmond had had no recent contact with and it was not scheduled to have visits from either the CQC or the London Borough of Richmond in the near future, neither had it been visited by these organisations recently.

The Visit

An announced visit was arranged with the care home manager, Anwar Phul to commence on Monday 18 April 2016. The visit was conducted by a team of two volunteers and one member of Healthwatch Richmond staff between 11:00 and 15:00.

A description of the visit is given within the methodology (paragraph 4) and undertaken using Healthwatch Richmond's Residential Care Enter and View tool.

Methodology

Enter and View representatives were authorised via Healthwatch Richmond's Appointment of Authorised Representatives for Enter & View Policy. This includes a written application, satisfactory references, an enhanced CRB check, training in safeguarding adults and training in how to undertake Enter and View visits. The visit was planned in accordance with Healthwatch Richmond's Enter & View Policy in the spirit of partnership and openness.

Healthwatch Richmond requested Mr Anwar Phul to provide the following information:

Total numbers of staff and residents

Management Structure

Registration Details

Any guidelines that Dalemead Care Home had for visitors

Complaints Policy & Procedures

Any other information provided for residents and their families

Healthwatch Richmond visited the manager to discuss arrangements for the visit and agree a mutually suitable date. Posters and leaflets for the visit were supplied to the home to advertise the visit to residents, staff, families and friends.

All the background information available on Dalemead Care Home was drawn together by Healthwatch Richmond and made available to the team undertaking the visit. The team met prior to the visit to plan what areas of interest they would like to focus on during the visit. The aim was to gather the experiences of residents, their families and staff and to observe how Dalemead Care Home met the needs of its residents and, if appropriate, to make recommendations about anything that may be improved.

The areas for focus were:

- Residents' views on life at Dalemead Care Home
- The views of their families and friends
- Staff's views on working at Dalemead Care Home
- Care Plans and Risk Assessments
- Medicines Management
- Identifying Staff

Limitations

The report relates only to the specific visit by Healthwatch Richmond on the 18th of April 2016 and the report is not representative of all the service users -only those who contributed within the restricted time available.

Findings

General

Dalemead Care Home is in a very pleasant location near the River Thames and Richmond Bridge. We observed that the outside was well maintained and attractive with benches in the front garden, even pathways and is easily accessible. The front porch has information for visitors and a signing in book and there is secure access. We were requested to sign the Visitors' Book.

The ground floor was bright, clean and spacious and the atmosphere of the home was calm and friendly and welcoming. There was a large well-kept garden and a large airy conservatory for quiet sitting or for use for gatherings and activities. Upstairs the smaller areas also had very light sitting and dining areas. We found the décor was pleasant, the paintwork in good order and the furnishings of a high quality. There were plenty of pictures on all walls, which staff told us residents had been involved in choosing. There were flowers and plants throughout the home.

Staff pictures were displayed and there were many pictures of the residents participating in a range of activities. All areas were accessible. There are 2 lifts.

The residents live in four integrated units of 8-15 residents, spread across the 3 floors. Each unit has its own lounge, dining room and, kitchen and is looked after by a team of trained care staff supported by ancillary staff. Bedrooms have en-suite facilities. There are 43 single rooms and 3 double rooms. New residents are able to choose which group they would like to live in dependent on availability of rooms. The residents are not separated by specific care needs. There were 46 residents living in the home on the day of our visit.

Staff

On the day of the visit the Manager, Deputy Manager, Activities Organiser and Administrator were all present.

There were no staff vacancies and they do not use agency staff but provide their own cover. The Manager told us that many of the staff had been at Dalemead a long time and some of the staff confirmed this to us. The staff work on all the different units so they know all the residents and their routines.

Each unit has a Team Leader, all of whom have Level 3 NVQs in Health and Social Care and two have Dementia Award Level 3. 80% of staff have achieved NVQ Level 2. There are Care Assistants in each unit plus a domestic assistant. In addition there are kitchen and laundry staff, an Activities Organiser and a Handyman.

In total there are:

4 team leaders, 25 care assistants, (day duty), 7 care assistants (night duty), 1 cook-in-charge, 5 domestic staff, 1 laundry assistant, 1 full time activities organiser, an In-house Trainer, 2 Administrators and a maintenance person. A craft instructor, and an 'Extend' music & movement teacher run a number of sessions at the home.

The needs of the residents in each unit dictate the number of staff on duty. There are always 3 care staff members available through the night and a senior staff member is always on call.

We spoke to 10 staff including the Manager and Deputy Manager, Team Leaders, Care Assistants, Activities Organiser, Catering staff, In-House Tutor, Exercise Instructor. The staff we spoke to were all very positive about working at Dalemead, they felt they were well supported in their roles and had access to training.

Staff Training

The Deputy Manager is a qualified NVQ Assessor and another member of staff is responsible for the in house training. The home has been actively involved with dementia care initiatives.

They told us that the new 'Skills for Care Training' qualification is more comprehensive and in depth than the previous qualifications and that the staff are able to access the courses online. However, there is now no funding available from Skills for Care, previously a Workforce Development Grant was available. Dalemead Care Home does have its own dedicated budget for training and is able to provide time for new staff to access and complete this course. It is linked to the Health and Social Care diploma for which there is funding.

Residents, Relatives and Staff Interactions

Managers and care staff all displayed warm relations with the residents; they were positive, polite and friendly and the residents were respected. A generosity of spirit was shown by the Manager and all staff we came into contact with and the atmosphere was very calm and friendly. We heard no negative comments from residents, relatives or staff. We spoke to 8 residents, 7 relatives and visitors and 10 members of staff including the Manager and Deputy Manager.

Residents and relatives were very positive in their comments about the staff and the home and these included:

"This is an amazing place"

"Mother, always treated gently and kindly by staff who cope well with mother's anger when needed"

"Relatives always welcomed by name"

Daughter feels "This is a home. Everyone communicates and relatives support each other"

"At relatives meeting we asked for stair carpet to be improved" and this was carried out.

Name Badges

The staff did not wear name badges but there was a board up with all the staff's photographs and names.

Care Planning

The care planning process was explained to us by a senior member of staff. They said the clients with their relatives are involved in the drawing up of the client's care plan prior to their admission to Dalemead. The team leader does the assessment, visiting their current residence. The care package covers all aspects of the client's life and person: their present ability, any disabilities, reasons for being in hospital or why they have been referred by social services. Diet, medication, any allergies are taken into detailed consideration. The client's likes, dislikes and interests are recorded. A trial period can be offered, ranging from a lunch time visit and an afternoon activity, to a few days and then a key worker is allocated.

They told us all paperwork is handed to the relatives at the time of the client's entry when relatives can enter biographical information, all of which can lead to meaningful and constructive conversations with the client. After 6 weeks a review is undertaken; again the family are involved with this. This provides an opportunity for further adaptations if necessary. There is then a 6 month review followed by annual reviews, unless there are signs of deterioration. The home operates an open door policy so relatives/carers can always come and see staff to discuss any concerns.

One relative commented: "Staff are sympathetic, stable and there is continuity. Key worker and good communication" and a further said: "Good level of judgement for individual relative's needs"

We were told that risk assessments are undertaken when a new client is admitted. All hazards are identified, mobility and independence are assessed as well as mental capacity and these are monitored and a Deprivation of Liberty Safeguarding (DOLS) assessment is undertaken if necessary. These are decision-specific to the individual and are carried out by the Manager and Deputy Manager.

We were told residents' care plans and medication information are photocopied, with GP comments and any test records in case of hospital admission. A copy then accompanies a resident if they have to go to hospital.

End of Life Care

The home care for the residents through to end of life care which is undertaken with the appropriate community health services and the Princess Alice Hospice. A resident and their family discussed with us how their end of life care was being organised and how the home was working with the hospice. They told us they had every confidence that Dalemead would provide the 24 hour care that was required.

Residents' wishes for end of life care are discussed from the start of their stay at Dalemead and reviewed regularly with them and their families. They very much believe in person-centred care and being open and honest.

Continuity of Care

The Manager told us they were well served by their local GP Practice, Twickenham Park Surgery, who visit weekly and by the community nursing team, the local pharmacy and chiropractors, as well as the Princess Alice Hospice as necessary.

The Manager was concerned by the reduction in service on offer from the Community Mental Health Team (CMHT). They used to get regular support with little delay when residents required input but it now takes up to 3 weeks for an appointment. There is now only one CMHT, based at Teddington Hospital, previously there had been a team at Barnes Hospital as well. There had been three Consultants across the two teams but this has reduced to one. We agreed to highlight this concern.

The Deputy Manager raised worrying concerns regarding care and understanding of patients with dementia admitted to local hospitals. Residents are accompanied to hospital and bring with them all relevant medical information. They find once the carer is no longer with them this often gets lost and there is little understanding at the hospital of caring for people with dementia. They also thought that transport staff often seemed to lack training in dealing with people with dementia. Discharge from hospital is also of concern as there is not always enough information sent back to the home and they are concerned that residents are sometimes arriving back with less independence than when they entered hospital, particularly in relation to mobility and continence.

Resident Involvement and Satisfaction

Residents' meetings are held every 6 weeks and we were told that their views were taken into account to contribute to life at the home. This was evident by their choice of pictures for the wall and the request for improved flooring (the carpets had all been replaced by wooden floors). A relatives' meetings is held quarterly and relatives experiencing similar issues are given the opportunity to be in touch with other relatives who are in a similar situation or have had a similar experience.

Compliments and Complaints

There is a well developed Complaints Policy and Procedures and they always request feedback from the families of former residents. These responses are kept in the entrance area for people to look at. Current compliments reported to us were: "Can't fault the home's care" and a relative commented "Lovely carers and kind Manager"

Medicines Management

The Deputy Manager demonstrated the ground floor locked medicines cupboard and MARS (Medicine Administration Record Sheet) system. Medication is prepared in blister packs for each resident with their name and photograph on by the local pharmacy. The local pharmacist also makes unannounced visits to check medicines management procedures and carries out relevant training for staff. Two carers were observed carrying out a drug round and they demonstrated care in ensuring the residents took their medication. A relative told us: “Complex mental health and medication needs are managed well.”

Activities

There is a full time Activities Organiser and we observed all the activities for the week were displayed on boards and include art sessions, music, poetry, exercise classes and the emphasis is on residents maintaining interests and skills and learning new ones. Social events happen through the year and families are always invited. There are outings into the local community. The exercise tutor comes in weekly and specialises in exercises for older people.

There appeared to be strong links with the local community who contribute to life at Dalemead Care Home, including family members who come in to provide activities. A relative commented: “She was very happy to be in Dalemead. She enjoyed her food and the choice of being in company or not” and another said: “Xmas celebrations included everyone and staff and their families.”

Mealtimes

We joined the residents for lunch in 2 of the 3 dining rooms. There was a menu on each table and an alternative choice for each meal. Residents and relatives joined together at small tables of 2 or 4 for lunch, and we observed some chatting together. Tables were laid with cloths and napkins and hand wipes offered to all. The food offered was of high quality and well presented. Staff encouraged and helped residents to eat where necessary. A resident commented: “Good food and choice given. “

Conclusions

Good Practice

We observed good practice throughout our visit to Dalemead Care Home. There was a warm, caring atmosphere and good communication between residents and staff and with their families.

The home had very good systems in place to care for the residents and worked to a very high standard.

Poor Practice

We saw no evidence of poor practice at the home.

Recommendations

None from Healthwatch Richmond.

Follow Up

Healthwatch Richmond will follow up Dalemead Care Home's concerns about:

1. Community Mental Health Support with the South West London & St George's Mental Health Trust
2. Admission to and discharge from local hospitals and the care of dementia patients in hospital by logging this information and considering the whole issue of hospital admission and discharge.