

Care Home Provider:

Heritage Care

Care Home Address:

High Street, Winslow, MK18 3DR

Date and Time of Visit:

27.06.19 – 10.30 am

Authorised Representatives:

Alison Holloway, Susan de Kersaint-Seal

Summary of findings



- A homely environment where people told us they were well looked after
- There was limited interaction between staff and residents
- Not everyone seemed to have as much choice and independence as they might

The Visit

Swan House currently provides residential care for 25 people, some of whom live with dementia. We talked to 5 residents, 2 visitors and 2 members of staff. We observed a further 11 residents, 1 visitor and 4 staff.

How people are treated



A visitor told us that their loved one “is unbelievably well looked after”. They said their relative “feels a million dollars” when they paint their nails and put on her make up. We saw an activity coordinator play bingo and do a crossword with 3 residents upstairs. A couple of residents were having their nails painted by staff downstairs. However, we saw little social interaction between staff and residents other than this. Staff were polite to residents, smiled and knew their names. They asked questions of them such as “have you finished?” but we only saw one carer chat with a resident. Before lunch, there was 30 mins when staff were standing in the kitchen upstairs talking with each other rather than engaging with residents. On both floors, over lunch, conversation mainly revolved around meal options such as “which vegetables would you like?” and “do you want any more”. Residents mainly ate lunch in silence with music playing in the background. Staff did not take the opportunity to chat to residents. There was one exception downstairs where a staff member was interested in each individual and was seen to try to make them feel cherished.

Personal Choice



A resident told us that they would choose what to eat, for lunch, at the beginning of the week. Everyone was given a copy of their choices and we could see that whilst there were options such as jacket potato or omelette every day, there was only one cooked main meal option upstairs. Today, that was gammon. There was a choice of dessert. People told us the food was good some days but not all. We saw no written or pictorial menus on noticeboards or on dining tables. Downstairs a resident in the lounge was shown two plates of food to help them choose a meal. Once chosen, they were then asked whether they would prefer to eat where they were or in the dining room. They indicated the dining room, but the staff member hesitated and then said they should just eat where they sat.

As we walked down a corridor upstairs, we saw a staff member pick up two biscuits with their fingers from a selection of biscuits and put them on a small plate before taking this to a resident in a bedroom. They did not offer the resident a choice of biscuit and neither were they wearing gloves.

Just like Being at Home



Swan House was nicely decorated with lots of tactile and reminiscence items decorating the corridors downstairs. These reflected 1960s music, old films and travel. There were also memory boxes. The deputy manager told us that missing signs on bathroom doors and few pictures in the corridors upstairs was because they had been recently painted. The lounges did feel very homely and bedrooms were personalised with individual's belongings. People told us that they had a drink with breakfast and then tea or coffee at 11am. However, we saw that one person still had no tea at 11.30am and there was no water or other drink in their bedroom. Neither were there any drinks or snacks out in any communal areas for residents to help themselves to. The TV was on in the lounge downstairs but not upstairs and the home was very quiet. However, some people sat not engaged with anything or wandered around without purpose. They were very happy to talk to us but seemingly had nothing else to do. However, the deputy manager did tell us one resident helped in staff interviews. Two residents had also become good friends whilst living there. There were packs of cards upstairs in the lounge but in boxes on top of a bookcase. Similarly, downstairs, we saw no fidget boards or similar distraction for individuals living with dementia to interact with in the lounge. The deputy manager thought that perhaps staff had tidied them away. However, we did see one resident very content with her dolls and a soft toy. There was a large day and date sign on the mantelpiece in a lounge; unfortunately, this did not show the correct information.

Privacy



We did not see any personal care take place. However, we did see a resident hoisted in their bedroom with the door left wide open. However, the deputy manager assured us that this individual does not want their bedroom door shut in any circumstances. Most bedroom doors were open and so we saw staff talk to residents from the doorway before entering rather than knocking on the door.

Quality of Life



The activity schedule showed activities on 4 days this week. These ranged from coffee mornings, singing, one-to-ones and games. There were also a couple of exercise sessions. However, these were either on one floor or the other. We did not see any residents move between floors. Residents were given assistance to move to say the lunch table although again there was no conversation heard in this process. Downstairs, one person was also left in the lounge with a meal untouched for 15 minutes before a staff member appeared and asked whether they would like any help. The garden was very nice with raised beds and a gazebo although we did not see anyone encouraged to use it. The deputy manager assured us that this was used, and residents are offered the option of going out for walks if they want to. The home has no minibus although they have access to one owned by Heritage Care. We were not told about any forthcoming trips with this. However, we were told, by staff, that cars are

used to take residents to a local garden centre. We did see a member of the local church visit to give a resident communion. The deputy manager also said that the scouts visit.

The home has access to Telemed, a 24/7 video access link to hospital nursing staff and a geriatrician.

Recommendations

We recommend that Swan House

- encourages staff to chat with residents
- brings together like-minded residents
- enables staff to sit and eat with residents to stimulate conversation over mealtimes
- ensures there are enough staff to assist residents during mealtimes where help is needed
- ensures staff wear protective gloves when touching any food and preferably offers the plate directly to the resident and lets them pick the biscuits themselves
- offers all residents a choice of main meal
- ensure drinks are always at hand for all residents in their rooms
- puts out cups, water, drinks and snacks in communal areas for residents to help themselves
- ensures that, if a resident is offered a choice about where to sit then, this is followed through and they are helped to the location chosen
- has games, cards and dementia stimulating activities visible for individuals to pick up in the appropriate lounges
- engages more residents, who are interested, in the everyday running of the home, whether this be laying tables, watering plants etc
- encourages more use of the garden by residents to walk and sit in
- increases the number and range of activities on offer
- continues to review the activities on offer and how to engage as many residents as possible in meaningful activities considering their different interests

Service Provider Response

- Encourage staff to chat with residents:

On the day of your visit 3 staff were working on both floors which is above the usual staffing levels. Upstairs we had 1 permanent staff member, 1 agency who is regular to the service and 1 new staff member who was on induction and shadowing the other staff. Usually we will have 2 staff working on the upper floor. Staff informed me they were explaining the lunchtime process to the staff member on induction, which is good practice. I acknowledge that 30 minutes chatting appeared rather a long time, but this was due to staff explaining the process to the new staff member. I have spoken with staff to highlight in future they should be mindful of the length of time taken & this should also involve interacting with the residents. This has been discussed at the Dove staff meeting on 18.7.19. I am pleased you reported that the music was playing in the background during lunch as this improves the ambiance for a relaxed experience. However, residents sit at the tables of their own choice and with whom they choose. Several months ago, we trialled a member of the activity staff joining residents at mealtimes to encourage conversation, but this had a negative affect and residents complained. The upper floor is for older people who have capacity hence they can make their own choices.



The ground floor is for people with dementia and normally there are a lot of conversations taking place. I have spoken to the staff team and they reported that they felt uncomfortable being watched and that one of the Healthwatch authorised representatives didn't look very happy while observing them which left them feeling uneasy.

The staff member working on the ground floor who you referred to as being the exception will be made the employee of the month for August 19 following your observations.

- Bring together like-minded residents:

The residents living upstairs have capacity to choose who, when and where they want to converse or take part in an activity. They all know each other well and dislike staff intervention or encouragement to form friendships or force conversations. We have found this approach when offered previously to be unwelcome.

On the ground floor there are several very close relationships between residents, and this is encouraged.

- Enable staff to sit and eat with residents to stimulate conversation over mealtimes:

This has been trialled and had a negative impact. Staff are free to eat their lunch with residents however residents have made clear they prefer to choose their own company at mealtimes.

- Ensure there are enough staff to assist residents during mealtimes where help is needed
The staffing ratio is 2 on the residential floor and 3 on the dementia ground floor which is adequate to the needs of the residents.

- Ensure staff wear protective gloves when touching any food and preferably offer the plate directly to the residents and let them pick the biscuit themselves:

The staff member responsible was an agency worker, however she is regularly working and known to the residents and staff team. This was discussed with her on the same day following your feedback. She was very apologetic and said that the resident had told her exactly what she wanted so she put the biscuits on the plate. On discussing this with the individual she recognised this was unacceptable practice.

- Offer all residents a choice of main meal:

The residents on the upper floor have requested they receive the menu choices the week prior, this is in order they can record their preference in advance for mealtimes. Residents have previously been offered to choose their meal at the time of serving however they requested to return to advance meal planning.

On the ground floor residents are given the choice from 2 meals at the table, rather than pictorial cards to choose from. I understand that the two representatives from Healthwatch were in disagreement with each other as to whether choice at the table or pictorial prompts were best.

We used to use pictorial prompts and they are still available within the home; however, this method is now not considered best practice in care of individuals living with dementia.

- Ensure drinks are always at hand for all residents in their rooms:

All residents who choose, have a small plastic covered jug in their room so they can help themselves to fluids. The resident highlighted has chosen not to have a jug of water/juice in her room despite us asking her both before and since the Healthwatch visit. She maintains that she does not want the jug in her room and therefore we respect her choice.

We have as a result however looked at our water jugs and we found some were discoloured from having been in the dishwasher, so we have purchased new ones to replace them.

- Put out cups, water, drinks and snacks in communal areas for residents to help themselves:

On both floors there are small trolleys in the dining room with biscuits, cakes, crisps and a fruit bowl which is always available for residents. There is always juice in the fridge that residents can help themselves to. However, we discussed the use of the large water/juice dispensers which are available, and staff agreed to trial this again as previously they had not been used by the residents.

Some residents are able to help themselves to tea and coffee, however this is a small percentage of residents. Staff are familiar with our resident's care needs and offer drinks and snacks regularly throughout the day.

Relatives and visitors are also encouraged to help themselves to tea and coffee.

- Ensure that if a resident is offered choice about where to sit then, this is followed through and they are helped to the location chosen:

This was discussed at a staff meeting on 18.7.19 and the member of staff stated that the resident referred to was asked where he would like to sit, however he would not stand up or move hence he was given his meal in the lounge. This gentleman has severe dementia and is unable to hold a conversation or fully understand. The Healthwatch representative had her back to the staff member and the resident so was therefore unable to see the interaction with the resident and may not have been aware of this. The member of staff in question is very skilled and experienced and has an excellent understanding of dementia and the residents in our care.

The member of staff commented in her supervision following the visit and prior to this draft report that one of the representatives made her feel very uneasy, but the other one was friendlier and seemed to have a better understanding.

- Have games, cards and dementia stimulating activities visible for individuals to pick up in the appropriate lounges:

On the ground floor we have the following items specific for dementia:

- Rummage boxes
- Tactile ribbons and pictures in the corridor that residents can fiddle with.
- A lap tray of locks and bolts etc. that residents enjoy using
- Telephones
- Puzzles
- Games
- Twiddle muffs
- Hats and scarves on a hat stand
- Dolls
- Dolls feeding chair which 1 resident sometimes has at the table next to her, so she can feed her baby
- Book case

Upstairs the staff are in the process of redecorating the corridor following the redecoration. This is ongoing. In the lounge they have a book case, DVD player, and TV. This is a residential floor hence we do not need activities specific for dementia as this would be considered both inappropriate and patronising.

We also have a namaste room which is used specifically for this purpose. We have 3 activity organisers who provide activities throughout the week. 1 activity organiser is fully trained to deliver the Chair Based Exercise classes which are planned twice a week. 1 activity organiser specifically delivers the namaste sessions. Activities occur both within the home and in the community.

Activities are carried out in group sessions and on one to one, depending on the interests and wishes of the individual residents.

At interview we ask new applicants to share their own activity and past time interests, so the information can be used to link key workers with residents.

- Engage more residents who are interested in the every day running of the home, whether this be laying tables, watering plants etc:

Occasionally residents do help lay the table or clear up after meals. They may help with the washing up and in the garden. We recently had 1 resident who chose to assist with painting and redecorating the reception area. We have a resident present at new applicants interviews and they are actively involved by asking questions and assisting with the interview scoring, this determines whether the applicant has been successful or not. We hold regular resident and relative meetings, these are

advertised throughout the year on posters at the entrance doors. Residents and relatives are sent annual questionnaires from Heritage Care which remain anonymous unless directed otherwise. The findings and actions to be taken from these questionnaires are shared at the resident and relative meetings via the 'you said we did' forms. Minutes are available following these meetings. Residents and relatives personalise their own bedrooms.

- Encourage more use of the garden by residents to walk and sit in:

Over the past 18 months we have been working hard to raise funds and improve the garden space. We now have a gazebo in place following a kind donation from the Buckingham Table. Residents assisted us in painting the fence, planting the shrubs and the vegetables.

The local Guides and Scouts have provided assistance in the garden.

The local special needs school visit every Wednesday afternoon during term time to help with the weeding and general tidying of the garden.

We have 1 table and chair set and another set now on order which will give more seating for residents and visitors if they choose.

The lounge door to the ground floor gives access to the back garden so residents are able to go outside whenever they choose.

- Increase the number and range of activities on offer:

Activities take place every day and these are split between the upper and ground floor. The residents upstairs prefer activities specifically for them however when we have a church service or entertainers in, we do take residents up or down.

Once a month we have Lost Chord visit which is a musical session aimed at people with dementia although open to anyone who chooses to attend.

The Winslow Big Society are actively involved with Swan House and our residents are able to join in with activities in the community such as men in sheds, memories group, singing for the brain. The local nursery school visit during term time on a regular basis. The local guides and scouts are actively involved, and we have recently discussed activities with the Youth Action Group. The local church visits monthly for a service and prayer which is well attended. The hairdresser visits twice a week.

The activity rota we produce on a weekly basis is just a fraction of the activities taking place within the home.

People on the ground floor have a diagnosis of dementia and as such it is recognised that they do not wander around without purpose. The door to the garden, the offices, reception and the entrance of the dementia area are unlocked during the day which enables residents to freely go about their business. It may appear to the untrained eye that residents living with dementia wander aimlessly, however for the person living with dementia they know exactly where they are going and why. Residents frequently assist in the office or sit in the reception chatting to everyone that comes through the door.

I acknowledge on the day of your visit that the day and date sign had not been changed and this could cause further confusion. Staff have been reminded to ensure this is kept updated.

All the residents who wish, have the activity rota in their rooms on a weekly basis so they choose what they want to take part in, whether that's upstairs or down.

- Continue to review the activities on offer and how to engage as many residents as possible in meaningful activities considering their different interests:

All residents are able to partake in activities of their choice. Whether this is within the home, in the community or part of their daily living.

Activities are reviewed and changed according to the seasons and the residents wishes.

Many relatives and friends get involved with activities by taking their relative out or whilst visiting.

Acknowledgements

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

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

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.
