healthwatch Lambeth

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Excelcare Homes Enter and View

Report date: February 2020

Healthwatch Lambeth Excelcare Homes Enter and View Report

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Healthwatch Lambeth is the independent health and social care champion for local people.

About Healthwatch Lambeth

Healthwatch Lambeth is the independent health and social care champion for local people. We work to ensure your voice counts when it comes to shaping and improving services. We address inequalities in health and care, to help ensure everyone gets the services they need. We are a charity and membership body for Lambeth residents and voluntary organisations.

There are local Healthwatch across the country as well as a national body, Healthwatch England.

Executive Summary

Healthwatch Lambeth undertook Enter and View visits in September and October 2019 in three Excelcare homes: Queens Oak Care Centre, Windmill Lodge Care Centre and Lime Tree Care Centre. In total, we heard from 30 residents, 19 family members and 21 care staff and recorded 43 episodes of staff and resident interactions. We explored the views of the respondents on the general care at the homes, as well as particular issues of isolation, oral health, and advance care planning.

We found a culture of generally good care and a sense of commitment from staff and management across the three homes to provide satisfactory and safe experiences for residents. There also seems to be enthusiasm and a positive culture and most staff seem to feel supported. Some good practices were also identified including activities to address isolation, introduction of better meals, and presence of advance care planning for some.

However, we also found that the care and safety experience of residents vary which seems to be due to staff skills and capacity levels. Some family members also felt that they have not been engaged well or regularly updated about the residents.

Our other specific findings are: First, tackling isolation in two of the thee homes is still an outstanding area. This includes residents feeling isolated and a sense of limited interaction with each other. This may be attributed partly to differing levels of staff knowledge and skills, as well as an issue with the overall staff capacity at the homes.

Second, oral health remains an issue for some residents and there were reports about residents losing their dentures or bridge. It appears that techniques in maintaining oral health across the three homes vary, which is a source of concern for some family members.

Third, knowledge on advance care planning appears to also vary across the three homes. Whilst some residents have advance care plans, some family members said that there was no information about it.

Upon reviewing the three homes' respective improvement plans following Lambeth Council's quality and safety review, it appears that there are some outstanding actions that are yet to be fulfilled, mainly related to responding quickly to residents' bells, creative and more interactive activities, better engagement with the family members, and improving safety measures.

Our own recommendations include finding ways to prevent residents' personal possessions being lost; considering a volunteer recruitment process to support social activities; and reviewing oral health and advance care planning processes to ensure consistency and informing families of the actions taken.

Introduction

Lambeth Council has a block contract for fully funded placements with Excelcare (the provider) with three care homes in the vicinity. The homes are Queen's Oak Care Home, Southwark; Windmill Lodge Care Home, Lambeth, and Lime Tree Care Home, Lambeth.

In August 2018 Lambeth Council conducted a quality and safety review of its care home block contract and suspended placements in two of the three care homes in 2018/2019 (Queen's Oak and Lime Tree). All three care homes were rated as requiring improvement by the Care Quality Commission (CQC).

Purpose of the visit

The aims of the Healthwatch Enter and View visits were to help to assess the homes' progress with their improvement plans following the council's review and subsequent resumption of placements. The visits also aimed to look at loneliness in the care home setting, advance care planning and the oral health of residents.

Choosing the aspects to focus on was informed by national agendas and local priorities. For example, oral health is a national priority and have been flagged by CQC and Healthwatch England[1]. Loneliness is one of our local priorities and builds on the findings from our previous engagement work. Lastly, advance care planning is another Healthwatch Lambeth priority, reflecting our involvement in the new local Advance Care Planning Consortium.

Methodology

Enter and View[2] is a statutory duty of Healthwatch which was mandated by the Health and Social Care Act 2012, allowing authorised representatives of local Healthwatch to enter premises to observe the nature and quality of services. It was recognised that it was appropriate for local Healthwatch to see and hear for themselves how services are provided, and to collect the views of users at the point of service delivery. The government stated that local Healthwatch should make active use or their power of entry, allowing them to visit any publicly funded adult health or social care services in their local area, including those they have received concerns about, and to talk to the people using them and make recommendations back to the providers and commissioners.

[1] CQC 'Smiling Matters' report:
https://www.cqc.org.uk/sites/default/files/20190624_smiling_matters_full_report.pdf
Healthwatch England 'What's It Like to Live in a Care Home report':
https://www.healthwatch.co.uk/news/2017-08-10/life-care-home-whats-it-really

[2] Healthwatch Lambeth Enter and View policy http://www.healthwatchlambeth.org.uk/newsite/wp-content/uploads/2016/07/hwl_enter_and_view_policy_and_procedures_0.pdf

We met with the respective managers of each of the care homes to gather background information which was then used to design the visit. We also conducted risk assessment of the activity, ensuring the safety of both the interviewees and our volunteers.

We trained new trainee and existing approved Enter and View representatives and with their help, designed the data gathering materials. We used the following data gathering methods:

- Semi-structured one-to-one interview with residents;
- Observations of staff interaction with residents;
- Surveys of residents' family members and the care home staff distributed via each home (including an online staff questionnaire for Windmill Lodge and Limetree and family questionnaire for Lime Tree)
- Observation of communal areas using the dementia friendly environment assessment checklist from patient-led assessments of the care environment (PLACE)[3] documents.

We heard the views of 30 residents, 19 family members, 21 care staff and recorded 43 episodes of staff and resident interactions across the three visits.

Conversations with all respondents were recorded in written notes and later analysed by the enter and view representatives with the lead researcher.

Scope and limitations

Nearly all the residents we spoke to were living with dementia and appeared to lack capacity to respond to the resident questionnaire so we supplemented our findings with our observations of how residents responded to us and how staff and residents interacted with each other during the visit.

There was low take-up of the family and staff surveys despite the size of the homes involved. Specific details are provided in each mini report.

[3] PLACE: https://digital.nhs.uk/data-and-information/areas-of-interest/estates-and-facilities/patient-led-assessments-of-the-care-environment-place

Findings and Analysis

Queen's Oak Care Centre

Service: Queens Oak Care Centre, 64-72 Queens Road, London SE15 2QL

Queens Oak Care Centre is an 89 bedded purpose-built care home set out over four floors (34 residential rooms; 27 dementia nursing rooms; 27 frail nursing rooms). Seventy-nine people were residing at the home when we visited.

Date of Visit: Wednesday 25 September 2019, 9.30am-1pm

Enter and View Team: Yvette Johnson (lead), Kate Damiral (authorised representative), Daniela Muenzel and Carine Toussaint (trainees).

Service Liaison Link: Seye Fadipe, Registered Home Manager

Participants

Most of the residents had a diagnosis of dementia and most lacked capacity. We spoke with eleven residents during the visit and relied on nonverbal and other cues to support their responses. We engaged in general conversation where it was evident that residents did not understand.

We also observed staff and resident interaction and recorded 14 episodes. In addition, we spoke with three staff members on the day and 13 employees returned questionnaires. We heard from a range of staff including domestic assistants, health care assistants, a nurse and various team leaders and other managers. On the day of our visit, although busy, staff were polite and friendly. They seemed well prepared for our visit, readily greeted us and were willing to talk to us. Our team members were also offered refreshments.

We spoke with two family members during the visit and received one family questionnaire by post. Feedback from families was therefore limited.

In total we received feedback from 30 people.

Location

The home is located on a busy main road. There is good access for buses and train with a train station within a five-minute walk and bus stops nearby. The building is near a busy thoroughfare but is set slightly away from the main road. Some traffic noise was noticeable in rooms at the front of the building, but we did not find it overly intrusive. Nearby there are local shops and cafes. Peckham shopping centre is within a short bus ride away.

External environment

On approach, the facility is offset from the main road and there are car parking spaces within the grounds immediately in front of entrance. The grounds appeared neat and tidy. There is a garden to the back of the home with safe access from the ground floor and small balconies off the lounges on the upper floors.

Internal environment

On arrival, there is a pleasant main reception, which was clean, neat and tidy. It is decorated mainly in white, so in our visitors' eyes, the colour made it look a little clinical. But the reception leads to more colorful, visually stimulating décor on entering the main residence, providing a warm and welcoming atmosphere.

Our team noticed a variety of pleasant odours on arrival, including cleaning products and an appetizing smell of cooking food. Later, we detected an unpleasant odour in the lounge and lobby of the first floor. This floor also felt a little stuffy to our visitors but the residents seemed comfortable. Generally, there was good ventilation including an open balcony door on the third floor.

Access and mobility

Thorough ways and corridors were wide enough for walking frames and wheelchairs. We observed one toilet in a ground-floor corridor and noted that the sink was close to the door and might affect wheelchair access. However, there were suitably adapted toilets in easy reach and the vast majority of bedrooms (84 of 88 rooms) have en-suite facilities.

There were nicely presented sitting areas in the corridor for residents.

Lifts had access codes only known to staff and the codes to all secure doors were disguised in pictures next to keypads for staff and visitor access. Appropriate fire exit signage was in place, although our visitors felt some additional signage near the laundry on the ground floor could be beneficial.

Dementia friendly environment

Floors
The floors were mat and a consistent colour as recommended by the PLACE guidance, although the tiled floors had a slight pattern from the diagonal lines of the tiling which is not recommended. There was plain grey carpeting in other areas.

Décor
The décor on all floors except the first floor was warm welcoming and visually stimulating, although the reception area on the second floor also seemed a little clinical.

The second floor lounge was nicely decorated with quality curtains and lamp shades. Similarly, the third floor day room appeared pleasant to sit in, with warm friendly decoration.

Residents' room doors were personalized with memory boxes featuring the person's name, photo and coloured triangle to designate the support level needed.

There were themed scenes and artefacts on display in communal areas, such as a marine theme on the third floor, places of interest and artwork of early 20th century famous people, transport and local scenes on the ground and first floors. This is in line with the PLACE guidance. There were also artificial plants and the second floor lounge had a fish tank. There were also places where residents could stop and talk to others about things on display.

However, the first floor contrasted sharply with the other floors, as it was painted in mainly neutral creams and white which made it look unwelcoming, bland and clinical, with chipped and cracked tiles in communal bathrooms. The management team confirmed that the floor is soon to be refurbished as part of the improvement plan.

Throughout the home, floor colour, doors, light switches and handrails contrasted with walls and furniture in line with the PLACE guidance, although the contrast was less evident on the first and second floor because of the pale paint colour.

When looking at a toilet on the third floor, we found that toilet seat, flush handle and rails contrasted with the toilet and bathroom walls and floor as the PLACE guidance. The toilet doors also had a single and distinct shade of blue. However, other doors were not disguised as suggested in the guidance.

We saw several clocks around the building but none were large-faced as recommended by PLACE and no calendars were in view.

Signage

Signs were approximately 4 ft from floor level in all rooms as recommended. Signs for toilets and bathrooms were consistent, used words and pictures and could be seen from the corridors. There were clear signs (in words and pictures) showing the name of service rooms such as the laundry and hairdressing salon.

We did not see any signage to indicate a smoking area for residents, however we assumed the garden was available for that purpose.

Some notice boards had up to date information for residents and others. One had a mix of many things and was cluttered so it was unclear what was for staff and what was for residents and their family. Some items were also out of date.

RECOMMENDATION QO1: Consider ways to make the notice boards easier to read, for example by creating sections for different audiences (residents, families and staff) and keeping the content up-to-date.

Lounge

Chairs were arranged in groups of three in some lounges and in a circle in the second floor lounge. In one lounge, the radio was on, another had a TV on and in a third, a CD played music.

We observed newspapers and books in each lounge, but no computers or signs to indicate internet access for residents.

Dining room

Dining rooms were clean and laid out with small communal tables. We observed two menu displays; one was not filled in, with the slots for paper menus empty. Another which was complete did show a choice of meals with special diets catered for but was not reader friendly as the text was very small.

Recommendation Q02: Ensure all menus are kept up to date with details in appropriate sized font with pictures (as featured in the improvement plan).

Meeting residents

We met and talked to residents in the dining room, in the lounge areas or in corridor seating areas. We were also invited into one resident's room. The room was very plain but we also glimpsed other residents' rooms from the corridor and noticed that some were dressed with decorations and personal belongings and others weren't, which suggested residents had autonomy to choose the appearance of their rooms.

Residents' wellbeing

All the residents we spoke to and observed seemed relaxed and content and on the whole well groomed. When we asked if residents liked living at the home, responses were generally positive such as 'Quite good – mustn't grumble' and 'All fine'. But two respondents said they would rather be back in their own home.

All but one staff member who provided feedback said that they felt they had a good understanding of residents' wellbeing and gave examples of reading care plans, liaising with families and talking with residents to get to know them. The other respondent felt time pressures didn't allow for this.

Safety

Of the two family members who responded to this question, both said they felt their relatives were 'safe' or 'reasonably safe' at the care home. However, one family member

did also tell us about a minor injury which required a hospital visit that staff had not noticed.

Quality of care

The residents we spoke to were unable to comment in any detail on the daily support they received from staff. However, two residents told us they chose what to wear each day and do not require any assistance at mealtimes. Of the four residents who gave feedback about the staff, all were positive: 'They're nice', 'At least you know you got someone to talk to' and 'They're alright'.

Generally family members were satisfied with the quality of care at the home. One family member told us 'They meet his needs' and 'I appreciate the care'. Another felt that some but not all staff were sympathetic, and that there was a lack of staff at peak times such as mealtimes, which put staff under pressure. They added that their loved one had recently lost their appetite but this hadn't been noticed by staff. One staff member also told us they felt the staff-to-resident ratio was bad and 12 hour shifts were too long which caused stress and affected 'productivity'. We noted that staffing levels and rota management is addressed in the improvement plan.

RECOMMENDATION Q03: Provide training to staff to ensure that the needs of the residents are met and changes in residents' behaviour can be identified.

One relative expressed concern about the personal appearance and grooming of their loved one since their loved one had lost weight and their clothing no longer fitted them. They also felt that the resident's hair wasn't dressed frequently enough 'according to her custom'.

Provider response: Relatives are required to buy clothes for residents. The care home is in an area of deprivation and people may not have funds to provide them.

A relative also reported that their loved one had lost several pairs of glasses and their dentures since moving into the home.

Advance care planning

Only one family member responded to our question about advance care planning, saying they were unsure whether their loved one had a plan. They added that they would feel very confident to discuss any concerns about their relative's care with the home.

RECOMMENDATION Q04: Include end of life care in conversations with residents/family members to address lack of information amongst family members. This includes understanding of the difference between day-to-day care plans and advance care plans.

Oral health

Four residents told us they look after their own oral health and one said they receive assistance. We also observed that one resident we spoke to was not wearing any dentures – it was unclear whether this was the resident's preference.

On the day of our visit, we met a family member who had arranged to take their loved one to their previous community dentist as the resident had refused other treatment avenues and an in-house appointment had failed to take place: 'I came in for it – the dentist was in the building but didn't come to see my relative'.

Another family member said their loved one had received new dentures since moving into the home, but a different family member told us their relative had lost theirs.

One relative was concerned that their loved one had a sore tongue which they thought might have been a result of inconsistent care.

Most staff who gave feedback felt that residents saw the dentist regularly but the frequency of visits was less clear, with staff reporting annual, six-monthly or more frequent appointments for residents.

Provider response: The frequency of visits would depend on each resident's needs.

RECOMMENDATION Q05: Include in individual care plans how residents can be supported with their oral care, in discussion with family members.

Other health and care services

Staff feedback indicated a general sense that the home worked well with other services to support residents, although there was little additional information to illustrate this good practice.

Two family members assumed that the home arranged adequate access to a GP for their loved one and one knew that a chiropodist visited their relative, describing the service as 'OK'.

Loneliness, friendships and visitors

A few of the residents we spoke to said they were friends with other residents. One said they tend to always sit with the same people and another told us 'Yes, I talk to everyone,' while another responded 'We're all in the same boat'. However, one person said they did not like some residents. None were able to tell us if they do activities with others at the home, although a few mentioned hobbies they enjoyed such as cooking, reading and watching TV.

Most of the residents we spoke to said they are visited by family members.

Families told us that their relatives didn't have friends at the home but one felt that their loved one was happier now than when they first arrived.

Most staff who responded felt that residents weren't lonely because it was an active home, but a number told us that some, particularly those without visiting families or friends, did feel isolated. One also said 'I worry about the bereavement of other residents when someone at the home dies.'

Staff interactions with residents

We observed a range of positive interactions between staff and residents across the home during our visit. For example, a resident's trousers and underwear had slipped down at the back when sitting and when she stood up, a staff member discreetly pulled them up without saying anything, maintaining the person's dignity.

We also observed staff supporting another resident to access the communal bathroom, coming back into the corridor to allow privacy and returning once the resident was ready for further assistance. The same resident was transferred from a wheelchair to an armchair by two staff very smoothly.

Staff demonstrated knowledge of residents' preferences, for example, in how they took their tea or whether they would be willing to receive visitors in their room.

Staff were observed on two occasions on different floors dancing and singing along with residents and joking together. These appeared genuine and friendly encounters which the residents clearly seemed to enjoy.

Activities and outings

In the second floor lounge, a staff member carried out a ball activity with some of the residents in the lounge, who seemed content to participate. The TV was on throughout the activity.

On the ground floor, the Doris Day music that was playing seemed to attract residents into the room where we then observed them tapping their feet and hands to the music, moving and singing along, supported by staff.

On the third floor, two staff were taking part in an impromptu singalong at a coffee table in the reception area with three residents. All members of the group were joining in with enthusiasm, including staff in the office next door. It seemed a regular activity. The group was also joking together between songs.

A family member also confirmed that their loved one enjoyed the musical activities at the home. Another said they were sometimes encouraged by staff to get involved in activities.

Two residents told us that they go out with relatives and one was preparing to do so when we met. Another resident commented that they only go out into the garden and another said they would like to go out but 'There is nowhere nice to go'.

We did not see or hear about organised outings for residents but one member of staff suggested investment in a bus would be a key way to improve life for residents.

Provider response: Residents had an outing to Brighton in the summer and more outings are being planned for the upcoming summer.

Food

We did not observe any mealtimes but on the first and second floor, we did see staff supporting residents in appropriate ways with mid-morning refreshments. We observed that staff brought one resident some breakfast on a tray on their room as they had missed the dining room serving. However, another resident was left alone in the dining room after breakfast for about 10 minutes with their head bowed down and almost touching the table which didn't look comfortable. It seemed a long time to be left alone in that position.

Five of the residents we spoke to told us they liked the food and a fifth resident's face lit up when asked.

One relative commented: 'It always looks like the same thing presented differently.'

Residents' input

One relative told us their loved one 'can complain if he does not like what is given to him' but did not think the resident had capacity for greater input into the daily life of the care home. Another family member said they felt unsure how to interpret feedback from their loved one when they said they felt tired or in pain.

Most staff who responded were confident that residents were listened to, but some highlighted the complexities that dementia can bring to effective communication.

Relatives' input

Only one of the three family members we heard from was aware of the home's improvement plan but all had noticed improvements over the past year, particularly the internal decoration, new furniture and equipment, stabilization of staff turnover and resolution of a pest problem.

One of the relatives unaware of the improvement plan said 'They do ask our views sometimes' but added they would not expect to have a general say in how the home was run as they didn't know anything about 'healthcare'.

The relative who reported several lost pairs of glasses and dentures told us, 'I've stopped arguing about it' and 'I don't complain much'.

The large majority of staff who provided feedback to us said they were confident that families and friends were listened to. A couple said they regularly shared care plans and feedback from other services with relatives, another told us families are encouraged to take part in the 'resident of the day' process and a third highlighted the home's quarterly family meetings.

Staff support and training

Most staff who fed back felt that the care home management listens to its employees. However, one felt that feedback was not always acted on and another found the rota system inflexible, which they felt affected staff retainment.

A range of positive changes were highlighted by staff which they felt had resulted from the home's improvement plan. The most frequently quoted benefits were: improved management and supervision procedures, better training provision, good and permanent staff to support continuity of care and increased cleanliness. Some felt there was further to go, particularly in recruiting competent staff with positive attitudes.

All staff respondents said they had undertaken a lot of training and most did not feel they would currently benefit from any additional training, although two mentioned ambitions for career development into nursing and other degree-level qualifications but it was unclear whether they felt the home would support them with this aspiration. One person added 'Every day you're being educated. If you're listening, you learn.'

Conclusion

Queen's Oak is an attractive facility with well-chosen, dementia friendly décor on all but one floor. We look forward to seeing the completion of the redecoration project shortly, with the incorporation of our modest recommendations.

Residents appeared comfortable and relaxed in their environment and we witnessed some excellent person-centred care on all floors from a range of staff. The atmosphere seemed genuinely cheerful, with friendly and respectful interactions between staff and residents.

The working culture also seems positive, with staff reporting good communication and support from management. We found staff were enthusiastic to show that they were working hard to make improvements. However, some capacity pinch points still seem evident, particularly around mealtimes and contact time with residents to allow for spotting changes in wellbeing and tracking down lost personal items.

Recommendation summary

Recommendation QO1: Consider ways to make the notice boards easier to read, for example by creating sections for different audiences (residents, families and staff) and keeping the content up-to-date.

Recommendation QO2: Ensure all menus are kept up to date with details in appropriate sized font with pictures.

Recommendation QO3: Provide training to staff to ensure that the needs of the residents are met and changes in residents' behaviour can be identified.

Recommendation QO4: Include end of life care in conversations with residents/family members to address lack of information amongst family members. This includes understanding of the difference between day-to-day care plans and advance care plans.

Recommendation QO5: Include in individual care plans how residents can be supported with their oral care, in discussion with family members.

Windmill Lodge Care Centre

115 Lyham Road, London SW2 5PY

Windmill Lodge Care Centre is a 93 bedded purpose-built care home set over four floors, providing nursing or personal care: 21 residential rooms and 72 nursing rooms. 83 people were residing at the home when we visited.

Date of Visit: Tuesday 1 October 2019, 2pm-5pm

Enter and View Team: Yvette Johnson (lead), Kate Damiral, Rebecca Macnair, Mike Rogers (authorised representatives), Beulah Dalip and Iyesha Kebe (trainees).

Service Liaison Link: Michelle David, Care Home Manager

Participants

Most residents had a diagnosis of dementia and so the majority lacked capacity to carry out a full interview with us, although some understood and gave full responses to our questions. We spoke with nine residents during the visit and relied on nonverbal and other cues to
support their responses. We engaged in general conversation where it was evident that residents did not understand our questions. We additionally observed staff and resident interaction and recorded six specific episodes of contact. We received ten questionnaires from family contacts by post but did not speak to any family members during our visit. We also spoke with three staff members on the day and received two questionnaires from others, one by post and one online. In total we received feedback from 24 people.

Location

Windmill Lodge is within a 10-minute walk from several bus routes along Kings Avenue and Acre Lane. There are a mixture of businesses and a small local shop nearby. A local park, Windmill Gardens, is also close by, but access is up a steep footpath. Other shops, places of worship, cafes and restaurants are a bus journey away in nearby Clapham or Brixton.

External environment

The home is on a quiet side road and set back from the street as there is car parking in front of the home.

There is an enclosed garden at the back of the property which is secure and for residents' use. The layout is designed to allow socialising, with raised beds and paths making it accessible and offering a pleasant space with seating areas. We assumed this also provided a smoking area for residents, although we saw no related signage. On the day of our visit, the doors to the garden were open. No residents were in the garden during our visit but we did observe two staff members smoking in a tucked away corner. Although they were out of sight from the garden doors, the area was visible from the garden. We

did not feel this was an appropriate smoking area for staff as it undermined the professionalism of the service.

RECOMMENDATION WL1: An alternative staff smoking area should be provided, separate to and out of sight of residents' living areas.

Internal environment

The entrance to the building was clean and welcoming. The reception was bright and airy and signing in was straightforward.

The ground floor communal areas were welcoming, clean and decorated in pleasant themes with personality and colour. The other floors in contrast felt bland and in need of a refresh (as detailed below).

The building was well ventilated generally and residents seemed comfortable with the temperature inside, although the first floor felt a little stuffy to our visitors. The open door to the garden also allowed fresh air into the ground floor. We did notice a smell of urine in several places: in reception when we first entered the home, in the hallway outside the training room and in some areas of the second floor.

Access and mobility

Thorough ways and corridors were wide enough for walking frames and wheelchairs. Appropriate security measures were in place such as a secure external door. Doors and lifts to different floors had codes disguised in adjacent pictures. Some residents were using these to move between floors independently.

Suitably adapted toilets were in easy reach of communal areas.

Dementia friendly environment

Floors
All floors were tiled including lounges and bedrooms. Floors were slightly shiny with tiles set in diagonal lines creating a subtle pattern. Our visitors felt this flooring made the facility appear institutional rather than homely and comfortable, but we appreciated its functionality.

Décor
In line with PLACE recommendations, the décor on the ground floor was themed, in this instance as a railway station including a train window next to the staff workstation. There were also birds and plants on the windowsills, a fish tank in the lounge, artificial flowers on display and fireplaces creating focal points.

The artwork on the first floor was mainly impressionist and classical themed paintings which to us felt more corporate than homely. Similarly, the books and items on this floor

in the seated areas and corridor alcove seemed more for display than for use and did not seem relevant for people living with dementia.

The corridors had a red floor tile edging which created a contrast between the floor and the walls but we were not sure whether this was sufficient to enable people living with dementia to easily distinguish between floor and wall in line with PLACE guidance.

The colour of the walls did not contrast with light switches. However, handrails were wooden and so did contrast with the pale walls. Service doors were not disguised.

The toilets we looked at had chrome toilet handles which contrasted with the toilet, but the toilet itself did not contrast with the walls. Toilet doors were wooden and varnished, so contrasted with the corridor walls.

Signage

Signs were approximately 4ft from floor level in all rooms as recommended. Fire exit signs to the main stairways were clearly visible. Signs for toilets and bathrooms were consistent, featuring pictures and words. There were clear signs showing the name of the service and room, for example the laundry.

On one floor, we noticed that residents' rooms had signs on the doors, some showing the allocated staff and key worker and others showing the resident's name only.

We did not see any calendars, clocks or noticeboards on display.

RECOMMENDATION WL2: The home should purchase large-faced clocks and simple large print calendars displaying the day and date for each floor.

Lounge

Tiled floors and vinyl furniture made the lounges look a little institutional. In the second floor lounge we observed that the television was on at quite a loud volume, even though no one seemed interested in watching the programme that was airing. This space seemed under-used, however there was an organised activity taking place on the first floor at the time of this observation. Despite this, our visitors also noted that most residents on this floor were in their rooms which staff said was due either to lack of interest in the activity or limited mobility.

The lounge area on the ground floor had chairs arranged in groups with hobby items to hand that could engage the residents such as knitting and books. We didn't see any newspapers or magazines available or computers or internet connection information. One resident was occupied with a doll and others were talking or watching TV.

Dining room

The dining room on the ground floor was clean and laid out as a 1950s/60s style café with a serving counter and cakes on display, and small communal tables with doors leading to the garden. Music was playing and we saw residents tapping and nodding along.

Residents on the third floor were gathered around dining room tables chatting when we visited that wing of the home briefly.

On the ground floor, we saw a menu on display which catered for a range of cultural preferences. However, the dietary requirements information was not easy to read or understand.

Residents' rooms

We were invited into three residents' rooms. They were tidy but two felt quite austere – the other had quite a lot of personal possessions. While two had a chair, the other did not. The rooms appeared clean but our visitors noticed a cockroach coming out of one person's bathroom and the resident commented that the bathroom needed repairing.

Meeting residents

We also talked to a number of residents in the communal areas. Several said or indicated that they liked living at the home. One person gave a thumbs up in response, another said 'Yes, it's better now than it used to be. The new manager has made a big difference. She knows everyone and comes and sees us every day'. A third told us 'Very lucky to be alive – not worried about where I'm living' but a different resident said, 'I want to go back home – I've been here too long.'

Quality of care

Residents seemed generally content with the level of care they received although they were unable to tell us much detail about the support. However, one resident with capacity told us 'Sometimes you have to wait and wait and wait for help going to the bathroom and then you have accidents - this isn't good for my sores.'

However, residents gave generally positive feedback about the staff as a whole: 'The carers are very nice – sometimes they do it with the heart' and 'Staff are fine' and 'They are all OK – staff usually listen.'

Family views on the quality of care at the home varied widely. While most thought the service was excellent, others found it satisfactory, inadequate and in one case, 'appalling' as detailed in the safety section below. Comments included: 'It's the perfect care centre' and 'Not bad – could be better especially when the agency staff are on'.

One family highlighted communication problems between their loved one and staff with limited English, describing how some staff shout unhelpfully when the resident doesn't understand what they are saying.

RECOMMENDATION WL3: Ensure that staff are trained effectively on core skills such as communication so that the experience of care is consistent across all residents.

Most families felt well informed by the care home about their loved one. They cited regular updates from key staff members, information about changing care plans and medication, and contact with social workers. However, one family stated they had received no contact from the home in over two months and as far as they were aware, their relative had not been reviewed since being admitted into the home.

RECOMMENDATION WL4: Improve communication with family members by regularly updating them about the residents' conditions and involving them in understanding the needs of the residents.

Another family member also told us that their loved one's clothes disappear in the laundry and they are asked to supply more: 'I ask for his clothes to wash at home!'

RECOMMENDATION WL5: Inform family members on how they can best make staff and management aware of issues so that feedback is dealt with in a timely manner.

Staff told us they felt they had a good understanding of residents' wellbeing from daily contact with them and one also said family and friends also helped to build a sense of residents' likes and dislikes. Two senior staff members also added that written records helped to support the process – one mentioned using the Alzheimer's Society 'About Me' resource. Staff were confident that residents were listened to effectively.

Safety

All but one relative who gave feedback felt that their loved one was safe at the home. Several commented that the security measures were good and another was confident that their loved one always receives medical care in good time. A member of staff also told us, 'The majority feel very safe – they say they feel safer here.'

However, one family told us that they had needed to call an emergency ambulance to admit their loved one to hospital after considerable weight loss and development of a life-threatening illness which they felt was due to poor care at the home.

Another family suggested that a walking frame for their loved one would help to avoid falls.

Advance care planning

Two residents with capacity to understand our question told us they did not have an advance care plan.

Of the nine family members who responded to this question, six confirmed their loved one has an advance care plan in place and two said their relative did not.

Oral health

Two residents told us they had seen a dentist at the home and another said 'The dentist here is very good.' The staff who fed back confirmed that the dentist comes regularly and had been at the home that day. Some staff also provided detailed descriptions of the daily support they provide to residents to maintain their oral health.

Two families told us their loved one had seen a dentist recently but others were unsure. None were clear about the daily support the home provided with oral health. One family reported that their relative's bridge had been lost at the home and another family said staff had thrown their relative's dentures away because they were dirty, which the family found unacceptable. The feedback did not indicate whether new dentures had been provided.

RECOMMENDATION WL6: Include family members in conversations about residents' oral care plans.

Other local services

Two residents confirmed that their GP visits them at the home and appointments are organised by the home staff. However, one added 'The GP hardly ever comes.'

One resident also told us they had been waiting a while to start physiotherapy to get walking again after a hospital stay. 'The staff only just asked about it last week.'

A couple of residents told us they have their nails cut regularly and that it was a good service. Another also gave feedback on the hairdressing facility: 'I like it but they often miss a week which is disappointing.'

Relatives were generally happy with the support their loved ones received from other services. However, two families were unsatisfied with the GP input: 'Someone breezes in - says OK? - and breezes out again. No question of an examination' and 'the GP ignored my request for help and lied.' One family was concerned that their relative was facing a 16-week waiting list for physiotherapy which they feel is vital.

A need for increased physiotherapy provision was also highlighted by a staff member.

Friendships, visitors and loneliness

Four of the residents we spoke to said they had friends at the home or knew the other residents, although one person with capacity told us they didn't know anyone as 'I don't go out of my room.'

Two residents told us they have visits from their family and one also said they see a befriender occasionally: 'I like them to talk to'.

Most relatives who provided feedback felt that their loved one did not have any friends at the home. One family added that their relative didn't speak English and another said their loved one had not been taken out of their room. However, one family did feel their loved one had friends at the home: 'She talks to a lot of them.'

Four of the five staff who gave their views felt some of the residents were lonely. One felt this was particularly true of new residents and another felt more staff were needed to allow more contact time.

Staff interactions with residents

Most staff members were busy and seemed very attentive to residents during our visit. We saw some very nice examples of person-centred care. For example, when a resident stood up and their trousers fell down, a staff member discreetly pulled them up and led the person out of the room, returning together shortly with the resident having changed to another pair. Similarly, we observed a couple of positive interactions in a corridor space between a care assistant and residents. Their chats seemed friendly and jovial, with the member of staff taking their time.

However, on the second floor, we witnessed a number of residents calling out to staff from their rooms, some of them appearing quite distressed as the staff response seemed slow. Staff stayed at their nursing station for the most part during these occurrences. When we alerted them to one resident calling out, they seemed less than enthusiastic to respond. The resident was calling for a bottle to urinate in. We were told by staff that all residents had a call button, but none seemed to be using them.

While we were talking to a resident in their room, someone arrived to carry out work to the en-suite bathroom but did not ask the resident for permission to start the work which was noisy, even though they were clearly occupied with us. We felt this showed a lack of respect for the resident.

We noted that the improvement plan already includes an action to make residents aware of the bells and for the bells to be responded to in a timely manner. However, it appears that this is still an issue.

Activities and outings

We observed an activities session on the ground floor during our visit, led by the in-house activities coordinator. The coordinator's enthusiasm and approach was excellent; respectful, enabling and jolly. However, with 12 participating residents, the session could have benefitted from more support as the activity required considerable one-to-one time which meant participants weren't doing anything for most of the session. A care assistant sat in the corner of the room but did not join in. They seemed to be on hand only to assist people to the toilet.

When we asked people whether they did activities, one resident told us they did exercises, drawing, bingo and attended an annual barbeque put on by the home. Another said their favourite activity is table tennis and a third told us he visits residents on other floors. A nearby staff member added that the person likes to take fruit to other residents.

Two other residents told us they don't participate in activities, one because 'there's not much on offer that interests me' and the other because they find it too painful to sit in the lounge area and they didn't know any of the other residents.

Most relatives who gave feedback said their loved ones did take part in activities but one family was unaware that there was such a programme. Another told us 'An enthusiastic lady has tried to encourage him to take part in activities' but explained they weren't to their loved one's taste.

While half the families said they felt encouraged to get involved in activities at the home, some of those who did not cited other time commitments and distance from the home as barriers.

We note and support the actions in the improvement plan focused on providing stimulating activities and engaging residents proactively. We also suggest some additional actions:

RECOMMENDATION WL7: The home should consider how to maximise the activities programme by a) empowering all staff present to support the activity b) considering volunteer support, and c) diversifying the range of activities including one-to-one room-based interventions for less mobile residents.

Only one resident talked to us about outings, describing visits to his church. But he explained that he uses Dial-a-Ride and it is often too late for the service or the journey is cancelled. The resident told us he prefers to go to his existing church rather than a more local one because he meets friends and family there. The resident also said he goes out with a family member when it's sunny.

One family said they would like residents to have the opportunity for summer outings such as to the seaside and a staff member reported that a resident had expressed interest in going to a swimming pool.

Food

A few residents gave us feedback on the home's cuisine. One told us, 'The meat was hard at lunchtime and there was no cabbage.' Another said that the breakfast provision was good but there wasn't much choice for other meals. The person added that their favourite meal of rice and peas wasn't on the menu very often. A resident also told us that as 'resident of the day', individuals were given their favourite foods.

One family member felt that their loved one would benefit from different mealtimes to reflect his usual routine. They also would like the resident to be able to have a cup of tea when he first wakes as he is an early riser. Another relative said that their loved one didn't like the food provided at the home so buys her own or is supplied meals by her family.

We note the actions in the improvement plan to address the meal experience of the residents.

Residents' input

Most family members did not feel their loved one had any input into how the home is run, because of their relative's age or limited capacity. However, one told us, 'I don't think his opinions were sought. He would probably have quite a lot to say if they were.'

Relatives' input

Four of the ten families who gave feedback said they felt they had a say in the running of the care home. Two mentioned surveys and information that they had been sent and two felt they could raise an issue with staff if they needed to. One person also mentioned 'talks' at the home as an avenue but another said that they had never attended meetings where opinions were requested.

However, only one family said they knew about the care home's improvement plan. Half had seen recent improvements in the décor and a couple felt there had been an increase in staffing levels. But two families said they had seen no change and one felt there had been a decline in standards.

Two people told us that communication from the home is often late which limits the opportunities to contribute: 'They don't use email, just post' and 'At the beginning of the year correspondence was received with details of meetings - 1st meeting had already gone - lost interest!'

Another family felt that the home actively avoided communication: 'The staff do not want to speak to you, let alone get involved…They would hide from anyone who required help or even a conversation.' Similarly, a different person told us, 'I do try to discuss the care but the responses are usually rather negative.'

However, all but two responding family members said they felt very confident about discussing concerns about their relative's care with the home. Staff also felt that families were listened to effectively.

Staff support and training

Four of the five staff members who gave us feedback said they felt the management team listens to employees and all felt that the home had made positive strides through its improvement plan, particularly in better management support. Staff confirmed they undertake a lot of training – one commented that they would appreciate more face to face training provision rather than e-learning.

However, two members of staff felt larger teams were needed because of the high care needs at the home and the number of bedbound residents.

Conclusion

The feedback we received and observations from our visit presented a mixed picture of this home. On the one hand, we heard from families who were very content with the care provided to their loved ones and we saw some very good practice ourselves.

On the other hand, we also received some concerning family and resident feedback which indicated inadequate levels of support. As suggested by some of the staff responses, this may be due to understaffing and/or may require further development of a more responsive and proactive culture across the whole staff team. The home's communication and engagement with some families could also be improved.

However, staff were welcoming to us on the day and had clearly put effort into preparations for our visit (mentioning extra cleaning for example). Our overall impression was that the home was keen to continue its improvement drive with the enthusiastic support of the new management and completion of the redecoration programme.

Recommendations summary

Recommendation WL1: An alternative staff smoking area should be provided, separate to and out of sight of residents' living areas.

Recommendation WL2: The home should purchase large-faced clocks and simple large print calendars displaying the day and date for each floor.

Recommendation WL3: Ensure that staff are trained effectively on core skills such as communication so that the experience of care is consistent across all residents.

Recommendation WL4: Improve communication with family members by regularly updating them about the residents' conditions and involving them in understanding the needs of the residents.

Recommendation WL5: Inform family members on how they can best make staff and management aware of issues so that feedback is dealt with in a timely manner.

Recommendation WL6: Include family members in conversations about residents' oral care plans.

Recommendation WL7: The home should consider how to maximise the activities programme by empowering all staff present to support the activity, consider volunteer support, and diversify the range of activities including one-to-one room-based interventions for less mobile residents.

Lime Tree Care Centre

8 Limetree Close, London SW2 3EN

Date of Visit: Thursday 17 October 2019, 10am-1pm

Enter and View Team: Yvette Johnson (lead), Kate Damiral, Rebecca MacNair, Catherine Pearson, (authorised representatives) and Victoria Pope (trainee).

Limetree Care Centre is a 92 bedded care home set over 3 floors, providing dementia residential and dementia nursing ?84 people were residing at the home when we visited.

Service Liaison Link: Angela Etienne, Care Centre Manager

Participants

All the residents have a diagnosis of dementia and many lack capacity to engage in meaningful conversation. However, we spoke with ten residents during the visit and relied on nonverbal and other cues to support their responses. We engaged in general conversation where it was evident that residents did not understand.

We observed staff and residents interacting with each other and recorded 15 specific episodes. We spoke with two staff members, one recently in post and who worked across all homes and one who had been employed by Lime Tree for many years. We received no staff survey forms, which was disappointing.

We had seven responses from families: one face to face interview, one phone interview, four postal responses and one online response.

In total we received information from 19 people, excluding those who we only spoke to in passing or at the debriefing meeting with managers at the end of our visit.

Location

Lime Tree is in a small cul-de-sac off the South Circular (A205). There is a bus route along the South Circular, and several bus routes within a 10-minute walk on Brixton Hill and Streatham High Road. Local shops, places of worship, cafes and restaurants are a short bus journey away.

External environment

The grounds surrounding the building were well established with trees, shrubs and lawns; the entrance was accessed via a wide drive through the front gardens. The car park was situated to the side of the drive. There was an accessible garden with a barbeque and outside seating. It was nicely laid out and the planting was good. The trees gave a sense of

privacy. The garden path leads round the whole garden space and is accessible. It felt homely. One relative commented 'They have brightened it up. The gardens look lovely'.

There was a smoking area in the garden to one side of the building, but we did not see anyone using it.

The views from the windows were pleasant and green. The door to the garden was open, so people could easily go out and the Centre had some fresh air.

Internal environment

The entrance to the building was clean and welcoming with a lobby where visitors can sign in before going through a set of doors to the main reception area and then through to the main residence. The entrance was easy to find and reception/signing in straightforward.

The communal areas were clean and the décor bright and welcoming. The built environment was carefully laid out so that there were places of interest in the corridors, along the walls and in communal rooms, for example the café/bar room which doubled as a reminiscence laundry room, and coat stands and a small dressing table. We only saw one resident actively using these opportunities while we were there, but we think it shows that staff are creative, able and willing to try things out to find ways to improve residents' experience and to help them to become more engaged and active.

There was a slight odour near the main entrance - possibly a cleaning product but it was not unpleasant.

We could not hear the traffic on the main road.

Access and mobility

Through ways and corridors are wide enough for walking frames and wheelchairs even though they house display and sitting areas.

The external doors, including the doors to the lifts, were secure, using a pin number on a keypad. Some residents were able to use the lift keypads independently.

The toilets we viewed were accessible. The toilet seats contrasted with the toilet bowl but the flush handles and grab rails did not. We did not see an alarm pull in one facility. After our visit, the manager informed us that all the toilets are fitted with them.

Dementia friendly environment

Floors

Most of the floors have a matt surface and a consistent colour. Tiled floors throughout the building (including those in the lounges and bedrooms) were not too shiny but had a slight pattern.

Décor

The décor on the ground floor was bright, visually stimulating and sensory. There were images of nature and artificial hanging baskets. Artwork on the walls were of general nature/wildlife and not local scenes as recommended in the PLACE assessment tool.

On the other floors, corridors had good display points showing dressing tables, books, children's games etc. There were places were residents could stop and talk to others about things on display.

Doors are not disguised and both doors and handles are painted a different colour to the walls. Where wall colour is neutral, ie creams and white, light switches are beige on white but the contrast is not strong. Wooden handrails contrasted well with the walls, which were either pale or brightly coloured. The communal toilets are mainly white with blue toilet seats on white toilets. Flush handles are pale and do not contrast as well.

Signage

Signs are approximately 4 ft from floor level in all rooms as recommended. Fire exit signs to the main stairways are clearly visible. Signs for toilets and bathrooms are consistent. There are clear signs showing the name of the service and room eg laundry.

We observed two notice boards. There was some up to date information for residents and visitors, including information about a nearby
Catholic Church, although not about other faiths.

Lounge

In the lounge areas chairs are arranged in different directions so that people can group them together. They are not all facing the TV which was on during our visit even when no one was present - it was at low or no volume.

Books were readily available but seemed more for display purposes than for reading in the public areas.

Dining room

We felt that the café on the ground floor is a pleasant space, which can be used for sitting in and drinking tea and coffee outside of mealtimes. The tables were nicely laid out and families and friends can book to eat a meal with a resident. The menu was pleasantly displayed on the dining tables.

Meeting residents

We spoke with several residents all of whom had limited capacity to answer our questions. Four told us they liked living at the centre saying that ‘it is ok’ or ‘it is quite nice’. One told us there was nothing to do and another complained about feeling sick that morning but now felt better. No one could reliably tell us how long they had lived at the home.

Safety

When asked if they felt their relative was safe, the responses from families were variable: some felt yes, some no and others were unsure. One relative told us of a medication error and another relative about finding tablets on the floor.

Another relative whose loved one was bedbound told us she did not think staff checked enough, adding: 'I worry when I go home about whether she's going to be moved'. Some relatives said that the carers were lovely and wondered if there was enough of them.

One relative told us that their family member went missing for several hours on one occasion. It was a visiting relative who raised the alert when they arrived at the home, as staff were unaware that the resident was missing. The family told us that the resident had made their way back to their former home on foot and neighbours there reported a sighting of a vulnerable person to the police, which eventually led to the resident's identification and return. The family reported that this was not the only incident where they were unaware of their loved one's whereabouts after finding the resident was not at the home.

Provider response: This incident happened over two years ago in one home and since then all homes have reviewed all security protocols. Residents live in safe, secure environments where they are well looked after, with great feedback from many families, social workers and professionals.

We note the incident analysis process included in the home's improvement plan and welcome the impact it seems to be having in improving residents' safety.

RECOMMENDATION LT1: Revisit the outcomes from the incident analysis lessons learnt process and share key improvements with families to help build trust and reassurance.

A family received a phone call to say their loved one had been 'rough' with another resident but that person had gone into his room and the staff had done nothing to stop it. The home had given the resident a key for his room, but he lost it. The family is very concerned that other residents have access to his bedroom and believe that is how things go missing including his TV, radio, clothing, toiletries and precious photographs.

RECOMMENDATION LT2: Explore ways to ensure residents' personal items do not get lost, for example, labelling or audits of belongings.

Quality of care

Families gave mixed responses when asked if they feel they are informed about their relative's care and changing needs (three said no; two said sometimes and two said yes). Two relatives said they had not seen a care plan and one said that they found communication with the care team by phone difficult.

Relatives also gave mixed responses when asked how they feel about the care their relatives receive (three said not good; two said unsure and two said good). Responses included 'It's OK'; 'It could be more attentive' and 'It is suboptimal'.

While one relative said 'The team at Lime Tree are great and I feel that mum is very well looked after,' others talked about their concerns over hygiene (both personal hygiene and general cleanliness). Examples of poor care included a resident wearing an overcoat in hot weather or wearing dirty clothes and another resident appearing unshaved. One relative reported that the staff had told the family their loved one's appearance was disheveled because he 'likes to be like that' when they knew he liked to be smart.

Another relative of a bedbound resident said that they felt that there had been insufficient support to help their relative sit up, and that this had led to them never leaving their bed.

A member of staff told us that the quality of care at Lime Tree has improved since she started a good while ago.

RECOMMENDATION LT3: Improve skills of all staff to ensure consistency in care experience of all residents, for example by reviewing the person-centred care training featured in the improvement plan to ensure there is emphasis on personal dignity.

Advance care planning

Four relatives said that their family member had an advance care plan, although one said she hadn't actually seen it. Another reported that at a recent family meeting the staff talked about the gold standard for end of life care and mentioned funeral plans. 'I could see it was relevant and assume that families can follow up with the care home if they want to.'

Two family members were unsure whether their loved one had a plan and two said their relative did not.

Oral health

One staff member told us they felt some residents don't see the dentist as often as they needed to, adding that some found their dentures uncomfortable. The cook confirmed that they could prepare suitable meals for those with few teeth left.

Two relatives said they were concerned that their loved one's teeth needed attention – both said the residents' last visit to the dentist was about three years ago. One added that they had told the home that their family member had tooth ache.

Other health and care services

All seven family members told us that they were unsure about the level of support their relative receives from other professionals such as pharmacists, occupational therapists and physiotherapists, dieticians and district nurses. One relative said that the GP is always there if they need him.

One staff member told us that there were good relationships with other local services, for example they felt the GP spends time with residents, relatives and staff.

Friendships, visitors and loneliness

Both staff members told us that they felt residents were lonely. The reasons for this included many residents not having visitors, being unable to communicate or participate in activities, or being very unwell. One staff member said that the 'resident of the day' programme was designed to make individual residents special for a day whether they were eating in the café or being supported to eat in their bedrooms.

Families gave mixed responses when asked if their relative had friends at Lime Tree (three said no; two were unsure and two said yes). Some said that they did not think their relative was able to make friendships. Another said that while their relative was not friends with other residents, they felt that she had good relationships with the staff. Another said, 'I find that most of the residents get on well with each other'.

One resident told us she did not want us to leave because she was lonely because no one spoke to her.

Staff interactions with residents

Some residents indicated staff are OK, noting that they could talk and joke with them. One resident told us 'People here come and help me, but they rush me. Some of them help me and talk to me, but some of them …' and she shook her head.

During our visit we observed staff interacting with residents in a variety of positive ways. We saw staff being attentive towards residents, chatting with them while engaging in activities such as putting clothes away in a bedroom, participating in an impromptu dance session, passing a beanbag with a non-verbal resident and holding a resident's baby doll so she could participate in a throwing game. We also saw various staff sharing a joke with residents or supporting them discreetly with food and drink.

However, we also noticed some interactions which seemed somewhat forced, where staff attempted to engage residents in conversation but didn't look comfortable doing so.

We noted that there seemed to be a lot of staff on duty during our visit and some of them did not seem occupied or focused. For example, several staff attended a musical activity (described below) but did not engage with the residents during the session.

Activities

The activity co-ordinator had arranged for a saxophone player to put on a concert in the café area that was well attended. The residents did not engage with each other, but a few showed interest in the music.

When asked if their relative took part in activities, three family members were unsure. One family member told us that they were not sure if the activities happened, and another noted that their relative was isolated. One told us no, adding that their relative was now not able to participate in activities. Another said yes and that activity co-ordinators were good at keeping residents entertained.

RECOMMENDATION LT4: The home should consider how to maximise the activities programme by empowering all staff present to support the activity, consider volunteer support, and diversify the range of activities including one-to-one room-based interventions for less mobile residents.

Mealtimes

The cook told us that the food provided is varied and that residents have choice around the type of food they eat, including food to help people with few teeth, and support to eat both at the table and in the bedrooms.

The cook told us that she can adapt meals to suit the specific needs and desires of residents.

The staff provide a 'resident of the day' programme, when one resident is celebrated by the home including having a special meal of their choice. She told us that the catering team have access to good quality food suppliers.

Three residents told us they liked the food and had choice. One said, 'Breakfast was nice – I ate it all'. One said they found the meat tough.

Residents' input

All family members told us that their relative did not have a say in how the home was run because they were now no longer able to participate.

Relatives' input

When we asked about the changes that been introduced as part of the improvement plan, one relative said 'Too many to mention, the manager is amazing, still a long way to go, but she is still amazing'. Another family member agreed about the management change.

However, one family told us that they find it hard to get hold of the manager. One told us, 'You get lip service from other staff who promise to pass issues on to the manager, but you never hear anything back'.

Another told us that while they were encouraged to become involved, none of the suggestions they made were followed through.

Another family told us they had only heard about the home's poor CQC rating and the special meeting about it through word of mouth rather than any communication from the care home. Only six families were at the first meeting. The managers promised that families would be able to talk to someone 24/7 about any concerns but they never saw the representative again.

One relative also said they find it hard to know who staff are. They would like a photo display so they can see the different roles people have.

Families feel that the emphasis is on them to find ways to become involved. One relative told us that while they are told about events, they did not have the 'headspace' to take part because visits were stressful.

Only one relative told us she always gets involved, one did not because they lived too far away.

One member of staff told us that staff try very hard to ensure families are involved in the care of their relatives.

RECOMMENDATION LT5: Consider how to improve communication with families and better support their inclusion in activities and their loved ones' care, including oral health.

Staff support and training

One staff member told us that the company runs its own training programme so that staff from different homes can be trained together. They told us there is a public notice board in each home that shows who has done what training and when it needs to be repeated.

When asked about further training needs, they told us they would like equalities training for staff working with residents to help them understand and cope with discriminatory remarks from residents as their dementia progresses.

Conclusion

This home was well laid out and imaginatively decorated in ways that made the environment dementia friendly. It appeared to be a good facility with the bonus of a particularly pleasant garden.

Staffing on the day of our visit seemed generous and standards of care good, although feedback from relatives suggest capacity may be stretched at times, affecting the home's

ability to ensure residents are able to maintain their personal hygiene and appearance to an acceptable standard. Methods to keep clothing and other personal items safe should also be explored.

In addition to building on its activity programme, the home could also benefit from considering how to include relatives more actively in the facility as it continues to develop.

Recommendations summary:

Recommendation LT1: Revisit the outcomes from the incident analysis lessons learnt process and share key improvements with families to help build trust and reassurance.

Recommendation LT2: Explore ways to ensure residents' personal items do not get lost, for example, labelling or audits of belongings.

Recommendation LT3: Improve skills of all staff to ensure consistency in care experience of all residents, for example by reviewing the person-centred care training featured in the improvement plan to ensure there is emphasis on personal dignity.

Recommendation LT4: The home should consider how to maximise the activities programme by empowering all staff present to support the activity, consider volunteer support, and diversify the range of activities including one-to-one room-based interventions for less mobile residents.

Recommendation LT5: Consider how to improve communication with families and better support their inclusion in activities and their loved ones' care, including oral health.

Analysis

We aimed at exploring the experiences of residents, staff and family members on three main aspects: isolation, oral health and advance care planning. Our overall findings indicate that there is a general feeling of enthusiasm and a positive culture in all three homes. Staff feel supported and the management expressed intention to continue to improve the care and support to residents through their improvement plans. The homes are also generally dementia-friendly and the experience of meals and mealtimes is generally satisfactory.

However, our findings also show that whilst some progress against the CQC recommendations had been made, the experience of care, safety and engagement of residents, and engagement of family members vary. It can be said that there are still some significant and central aspects that need to be prioritised and acted on.

First, tackling isolation in two of the thee homes is still an outstanding area. This includes residents feeling isolated and a sense of limited interaction with each other. This can be attributed to differing levels of knowledge and skills of staff. It can also be appreciated that there is an issue in the overall capacity of the homes.

Second, oral health remains an issue for some residents as verbalised by the family members. There were reports from family members of residents losing their dentures or bridge, for example. It appears that techniques in maintaining oral health across the three homes vary which is a source of concern for some family members.

Third, knowledge on advance care planning appears to also vary across the three homes. Whilst some residents have advance care plans, some family members said that there was no information about it.

In addition to the particular issues above, it appears that there are broader inconsistencies in the care and safety experience of the residents across the three homes. Whilst some family members were satisfied with the care residents receive, others felt that it needed to improve. This was also the case for safety. For example, a family reported that a resident went missing for several ~~days~~ hours and we heard from and witnessed other residents in distress because of slow responses from staff when they rang the bell for toileting assistance.

Also, the engagement of family members is inconsistent amongst all we have spoken with and across all three homes. Some family members felt that they don't receive regular updates about the residents or the other community services their relatives access. There is also a gap in sharing information about family concerns and the homes' improvement plans.

Upon reviewing the three homes' respective plans, it appears that there are some outstanding actions that are yet to be fulfilled, mainly related to responding quickly to residents' bells, creativity and more interactive activities, better engagement with the family members, and reviewing the outcomes of safety measures.

Recommendations

Here is a summary of all our recommendations across the three homes:

Queen's Oak Care Centre

Recommendation QO1: Consider ways to make the notice boards easier to read, for example by creating sections for different audiences (residents, families and staff) and keeping the content up-to-date.

Recommendation QO2: Ensure all menus are kept up to date with details in appropriate sized font with pictures.

Recommendation QO3: Provide training to staff to ensure that the needs of the residents are met and changes in behaviours can be identified.

Recommendation QO4: Include end of life care in conversations with residents/family members to address lack of information amongst family members. This includes understanding of the difference between day-to-day care plans and advance care plans.

Recommendation Q05: Include in individual care plans how residents can be supported with their oral care, in discussion with family members.

Windmill Lodge Care Centre

Recommendation WL1: An alternative staff smoking area should be provided, separate to and out of sight of residents' living areas.

Recommendation WL2: The home should purchase large-faced clocks and simple large print calendars displaying the day and date for each floor.

Recommendation WL3: Ensure that staff are trained effectively on core skills such as communication so that the experience of care is consistent across all residents.

Recommendation WL4: Improve communication with family members by regularly updating them about the residents' conditions and involving them in understanding the needs of the residents.

Recommendation WL5: Inform family members on how they can best make staff and management aware of issues so that feedback is dealt with in a timely manner.

Recommendation WL6: Include family members in conversations about residents' oral care plans.

Recommendation WL7: The home should consider how to maximise the activities programme by empowering all staff present to support the activity, consider volunteer support, and diversify the range of activities including one-to-one room-based interventions for less mobile residents.

Lime Tree Care Centre

Recommendation LT1: Revisit the outcomes from the incident analysis lessons learnt process and share key improvements with families to help build trust and reassurance.

Recommendation LT2: Explore ways to ensure residents' personal items do not get lost, for example, labelling or audits of belongings.

Recommendation LT3: Improve skills of all staff to ensure consistency in care experience of all residents, for example by reviewing the person-centred care training featured in the improvement plan to ensure there is emphasis on personal dignity.

Recommendation LT4: The home should consider how to maximise the activities programme by empowering all staff present to support the activity, consider volunteer support, and diversify the range of activities including one-to-one room-based interventions for less mobile residents.

Recommendation LT5: Consider how to improve communication with families and better support their inclusion in activities and their loved ones' care, including oral health.

Conclusion

Considerable progress in all three homes has been found against their improvement plans. However, there is a sense of inconsistency in residents' experience of care and safety. This may be mainly due to staff skills and capacity which can be tackled through training and improving the ratio of staff and residents.

As the management think of ways to improve practice, they can create the opportunity for better engagement of family members and residents who have the capacity to be involved. The positive and supportive culture in all three homes was evident during the visits and this is an advantage as improvements are being implemented.

Provider response: We would like the public in Lambeth to rest assured that we continually strive for excellence in these homes. It is true that each home has had an improvement journey and since September and October 2019 we have carried out extensive work in each home to continue to improve the lived experience in each home.

Acknowledgement

Healthwatch Lambeth would like to express thanks to the three homes for their warm accommodation to our staff and volunteers and for willingly taking part in interviews. Big thanks also to residents and family members for sharing their experience.

We would be interested and willing to receive updates on future developments.

Healthwatch Lambeth Excelcare Homes Enter and View Report

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