

Enter and View

Report

Delves Court Care Home Ltd



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Visit conducted by Healthwatch Walsall Authorised Representatives:

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Authorised Representative

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Authorised Representative

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Authorised Representative



Introduction

Healthwatch visits are linked to the 8 principles of care:

- | | |
|--------------------------------------|--------------------------|
| 1. Essential services | 5. Choice |
| 2. Access | 6. Being listened to |
| 3. A safe, dignified quality service | 7. Being involved |
| 4. Information and education | 8. A healthy environment |

Purpose of Visit:

- To observe the physical environment of the home and the interactions of staff and residents.

- To listen to, observe and capture the experiences of service delivery from the residents and relatives' point of view.

The methodology used:

- Talk to residents about all aspects of their care and whether this is delivered in a way that promotes their dignity and independence including the ability to make choices about their daily lives.
- Talk to residents about staffing levels and whether they feel safe with the level of the care provided.
- Talk to relatives, if they are available to ask if they are happy with the care provided to their relatives and whether they are aware and feel able to report any concerns/ complaints.
- Speak to staff about training, turnover, support staff levels.
- Speak to Management on how service is delivered and monitored and how staff are supported and trained.
- Observe interaction at all levels between residents, relatives, staff, Manager, and visitors.



Acronyms that may appear in this report

- CQC - Care Quality Commission
- WP - BCICB - Walsall Place Black Country Integrated Care Board
- HwW - Healthwatch Walsall
- P.P.E. - Personal Protective Equipment
- P.A.T. - Portable Appliance Testing
- D.o.L.S. - Deprivation of Liberty Safeguards
- L.F.T. - Lateral Flow Test
- C.O.S.H.H - Control of Substance Hazardous to Health
- S.A.L.T - Speech and Language Therapy
- D.M.I. - De-escalation management & intervention

Delves Court Care Home Ltd



Venue Overview

Venue: Delves Court Care Home Ltd

Service provided by: Delves Court Care Home Ltd, Also known as Select Healthcare Group

Address: 2 Walstead Rd, Walsall WS5 4NZ

Telephone: 01922 722722

Website: <https://www.selecthealthcaregroup.com/>

Specialisms: Nursing home, Caring for adults over 65 yrs, Caring for adults under 65 yrs, Dementia

Home Capacity: 60, currently has 49 residents

There are two double bedrooms all other rooms have single beds.

Staff Numbers:

	Total	Day	Night	Weekend
Reception	1	1	0	0
Care Home Manager	1	1	0	1
Deputy Manager	0	0	0	0
Nurses	1	1	0	0
Senior Care Assistants	6	3	2	3+2 (Day/Night)
Care Assistants	25	7	4	7+4 (Day/Night)

New Manager in post 10th November 2022 (Shared registration/cover with Area Manager).

Currently there are 2 Nurse vacancies.

Kitchen staff: 2 Cooks, 2 kitchen assistants covering 7 days of the week.

Agency staff are used only on the nursing team.

CQC information:

Inspected but not rated.

Recent CQC inspection took place: 30 November 2020

Report published: 22 January 2021

Link to CQC information: <https://www.cqc.org.uk/location/1-8517919494?referer=widget3>

Food Hygiene:

Latest food hygiene rating:

Link: <https://ratings.food.gov.uk/business/184747>

Date of Inspection: 04 November 2021

Venue Visits and Interviews

Visits 31st October and 30th November 2022.

Residents/service users: 6 residents, interviewed 31st October and 30th November 2022.

Relatives, carers and friends: 6 relatives 31st October 2022.

Care Staff: 2 interviewed on 31st October 2022.

Area Manager interviewed on 31st October 2022.



Physical Environment

External

Access to the property is from a main road onto a carpark, with a capacity of approximately up to 15 cars. There is a bus stop just outside on the main road.

The building is a 3-storey building, ground, 1st floor and 2nd floor. It appears to be relatively well maintained. There is exterior lighting to pathways and the carpark.

There is a ramp with handrails to the main entrance of the building which had secured electronic entry via a keypad and call button.

There appeared to be exterior C.C.T.V.

There is some outside garden space which has seating and focal points.

Internal

When we entered, we were asked to sign in on the visitors' book.

There were hand sanitisers both on the exterior of the building and at many points throughout the building. All were in working order dispensing solution on use.

There is a main information board in reception with a number of resident/relative information including forthcoming activities.

Also displayed were a number of framed documents. Firefighting equipment was also visible.

There are lifts to all floors. Entry to the main care areas was via keypad secured doors.

Corridors were free from clutter. Handrails were along all the corridors.

Fixtures and fittings appeared to be well maintained. Furniture and furnishings appeared also to be in a good condition.

There were no obvious hazards.

2nd floor offers nursing care, and the lower floors offer residential care to residents. A number of the beds are step down beds.

We asked about menus and we were told that residents have two choices per meal, jacket potatoes and sandwiches. Choices are offered the day prior to the meal for residents to choose. The use of pictures is being trialled so that some residents can choose via pictures.

Entertainment had been arranged prior to our visit, this was a singer who had been attending a number of times previously and welcomed back.

We did not enter any resident rooms as our policy is not to do so.



Resident(s)/ Service User(s) interviews

We spoke to 6 residents who had varying levels of cognitive response due to their varied condition(s). 1 resident was involved for part of the interviews.

We covered the 8 principles listed prior (page 3).

Access

When asked if they felt happy and content? All 7 answered "Yes". With additional comments of "Staff good", "Not a bad home, very good, staff here, I'm happy", "I do, to end of days here".

5 of the 6 residents felt that they were treated fairly, had not been harassed, or discriminated, whilst 1 did not answer. With additional comments "Brilliant, fantastic, have a laugh with the staff", "Treated very well by staff, no problems, not enough staff", "Better than being on my own, lot of support here", "Staff go extra mile", "Yes treated fairly, no discrimination here".

Essential Services

We asked if they could access GP services 5 answered "Yes" if needed, 1 did not answer this question. We also asked about other services such as a Dentist, Optician or District Nurse. We were told by some of the residents that the home arranges appointments and supports residents. Some residents can visit a GP or other service.

1 of the 5 residents said that they had not seen a dentist for 2 years and an optician for 3 years. This may be due to COVID19 restrictions as many services were not accessible to the public. Another resident when asked said they would like to see an optician. This was reported back to the Area Manager on the day of our visit.

Chiropodist visits every 6 weeks.

Safe, Dignified and Quality Service

When asked if the residents felt safe? All 6 answered "Yes". We asked if they felt respected and treated with compassion? All 6 "Yes",

Also, we asked if the staff were friendly and Helpful? All 6 answered with "Yes". "Very much", "100%".

When asked if they were treated with privacy and dignity 5 of the 6 residents answered "Yes", 1 resident no longer took part.

We asked if residents could raise staff awareness from their room if needed by use of a call bell or buzzer? 4 of the remaining 5 residents answered "Yes", "Staff are as quick as they can be", "Definitely", "Quickly, up to 20 seconds, no later". 1 resident felt that there was a lack of staff the wait was "Too long in my opinion".

We also asked if celebrations took place such as their birthday, the jubilee, Wimbledon took place. 5 residents answered "Always things going on", "on your Birthday we have cake and they sing Happy Birthday". "Halloween today, party, entertainment on, so yes it happens".

Information and Education

We asked if residents received a welcome pack, the responses were "Yes" from 3 residents. 1 resident could not recall, and 1 resident said that they had a verbal explanation of what facilities and processes were in place there.

We also asked if residents were made aware of changes at the home? All 5 answered "Yes", "Staff let them know". Residents were not aware of any notice boards, but they indicated that staff verbally inform regularly/daily.

When asked if they are communicated in the preferred method? All residents said "Yes", "We are told by staff".

Choice

When it came to resident choices such as: Do they have a choice of...

- What to wear
- Eat
- When they go to bed and get up
- When they want a bath or a shower
- Are they able to personalise their room
- If they have a TV or radio they can watch or listen to in their room

All of the 5 residents answered "Yes" to the above with additional comments "I can eat whatever I want", "have brown bread as a choice", "I am given choices from my wardrobe".

When asked if they can see a hairdresser? Some of the residents said that they had not seen one for some time. Another mentioned that a new hairdresser was being sourced.

All residents we interviewed appeared to be well cared for, dressed and clean. Residents spoke highly of staff. And they appeared to be happy living at the home.

Being listened to

We asked the remaining 5 residents if they didn't understand something would they feel comfortable to ask questions? All 5 of the residents indicated that they would be comfortable.

When asked if they are able to raise any concerns? All 5 of the residents indicated that they would be able to raise concerns with staff.

When asked if the residents knew how to make a complaint? 4 of the 5 said that they knew how to make a complaint whilst 1 said that they had not needed to, so were not sure.

We asked if staff actively seek the views of residents? Only 1 answered "Yes" the others did not feel that feedback was asked for. Yet prior, there was mention of a resident survey and resident meetings being held monthly.

We also asked if residents felt that their concerns and views are listened to and acted upon? 4 residents answered "Yes". 1 of those residents did not answer.

We asked residents if they were involved with their care plan. All 5 residents answered "Yes".

5 residents were aware that there were Activity Co-Ordinators.

We also asked if residents if their needs and abilities are considered within activities. 4 residents answered positively 1 resident did not answer.

We also asked if residents attended resident meetings. 4 residents seemed to be unsure or knew that meetings took place but chose not to go or had never been to one. 1 resident didn't answer.

The final question we asked residents was...Do you feel part of a community?
4 of the 5 residents answered "Yes" with 1 resident answering "I don't know yet not been here long enough".

Additional comments or notes

"More wages for staff", "Not enough staff at night". They do a good job here", "They keep checks on you",



Relative(s) Family and Carer interviews and observations

We spoke to 6 relatives across 2 visits to the home.

Access

We asked relatives if they felt happy and content and the residents felt happy and content? 4 relatives answered "Yes" on both parts. 2 relatives either felt that the resident was not aware where they were, or that it didn't matter where the resident was, they would not be happy.

When asked if they felt that the resident is treated fairly and have not been harassed or discriminated. 5 residents felt that resident treatment was fair, there were no issues and that

the Manager sorts things out quickly. 1 relative felt that resident says that most people do not treat them with kindness.

Essential services

5 of the relatives were aware that GPs have visited the home to see residents. Other services such as optician, chiropodist etc, also attend the home. Relative takes the resident to appointments. Appointments are accessible either via a schedule or resident needs.

Safe, dignified and quality service

We asked if they felt if the resident felt safe in the home. 6 relatives answered "Yes".

We also asked if they felt the resident is treated with respect and compassion? 5 relatives answered "Yes". 1 relative said, "Some do".

We asked if staff are friendly and helpful? 5 answered "Yes" but 1 said "Some, sometimes give a big sigh when you ask for something".

6 relatives felt that the resident's privacy and dignity is maintained.

We asked if the call bells/buzzers in the residents' room to call for assistance had been used also, are they answered quickly? 3 relatives said "Yes" with "Good response times". Another 2 felt that there were some delays. Whilst the last relative had no cause to use it so could not comment.

Information and education

We asked if the resident or relative had received a welcome pack or a newsletter. 4 answered "Yes" 2 could not remember.

No newsletter in place though relatives were aware of Facebook posts/pages. Changes at the home are generally communicated verbally.

There is a notice board at the reception area which can be seen by visitors/relatives.

When asked if the resident was being communicated with in a preferred/meaningful method? Generally communication is verbally due to the varying levels of hearing and conditions.

Choice

We asked about if the resident could choose what they wear. 3 relatives said "Yes" 1 relative didn't know. 1 relative felt that the resident does have some choice.

We also asked around choice of:

- If the resident had a choice when to go to bed and get up
- When the resident wants a bath or shower
- If residents can personalise their own rooms
- If relatives can visit when they want to

The 6 relatives were positive in the answer "Yes". There had been some difficulties in visiting due to COVID19, lockdowns and restrictions. Rooms have been personalised and decorated in some cases.

Facetime or telephone contact had been offered to the relatives, but some relatives choose not to facetime.

Residents, we were told do have TVs or radios in residents' room.

We also asked if residents are able to access hairdressers. Residents do get their hair done inhouse by staff. There was a hairdresser that visited but a new one is being sourced.

Being listened to

We asked relatives:

- If they didn't understand something, would they comfortable to ask?
- Do they feel able to raise concerns?

The responses were mainly positive "Yes" but one relative felt that they would be comfortable speaking to some staff but maybe not others. Another felt they would only sometimes feel comfortable.

We also asked if they knew how to make a complaint? 6 relatives indicated "Yes" 2 of which said they would approach staff members.

We asked the relatives if they thought staff actively see the views of residents and relatives, have they ever been asked for feedback? 4 relatives answered "Yes", but 2 answered "No".

Being involved

We asked if relatives are involved with the residents' care plan. 3 answered "Yes" whilst 2 said "No". 1 relative was not sure as they were relatively new to care and the home.

We also asked if the relatives were aware if there were an Activity Co-Ordinators. All 6 relatives were aware of the co-ordinators.

We also asked if they attended resident meetings. 5 answered "No" with 1 relative not sure.

Finally we asked if they thought that the resident feels part of a community. 4 relatives answered "Yes" 1 relative was not sure yet as the resident was new, and 1 relative said "No" as this was the resident's choice.



Staff interviews and observations

We interviewed 2 staff members on the 1st visit. We asked a series of questions around the 8 principles of care.

Access

We asked how the home ensures that everyone accesses this service on an equal basis? Are religious and cultural preferences taken into account?

The responses were:

- Life/ history of residents asked and documented.
- Access religious services via iPad or can arrange priest to visit (no request at present).
- Cultural diets catered for.
- Staff receiving training in end of life, equality and diversity, infection control, falls prevention, moving and handling and a number of other elements.

We also asked how do you support residents in accessing other services such as GP's, dentists, opticians?

The responses were:

- Residents are registered with GP.
- Weekly, Tuesday GP visit.
- Other services are accessed when needed.

What support if any, do you provide to residents in accessing preventative care or services?

The responses were:

- A body map is made for each resident.
- Tissue viability nurses visit regularly.
- Palliative care team also visit.

How often do you review each resident's care plan and how is this done?

The responses were:

- Initial care plan.
- Care plan, changes and care plan amended as and when needs change.
- Senior team involved.

We asked if the home was signed up to the red bag project. We were told that they are not.

Safe, dignified and quality service

How are residents protected from the risk of abuse? What is the process should family or staff want to raise a safeguarding concern?

The responses were:

- Inform Manager to raise safeguarding.
- Report any concerns to Senior/Manager.
- Staff receive training.
- Whistleblowing policy in place.
- Policies in place and staff are made aware of these.

How do you ensure that resident's privacy and dignity is maintained?

The responses were:

- Deliver private personal care informing residents of what is about to happen.
- Doors can be closed, and curtains drawn.
- Staff knock before entering residents' room.
- Residents have protected mealtimes.
- Ensure residents have privacy when getting change.

What fall prevention measures are in place?

The responses were:

- Staff receive training.
- Hoists, stands and equipment available for use.
- Sensor mats are used in bedrooms.
- Residents wear suitable footwear.
- Floors are cleaned regularly.
- Handrails down corridors.

How do you support residents at end of life? If a resident wanted to go home, how would you accommodate this?

The responses were:

- Maintain resident dignity.
- Encourage family visits to be with resident.
- Family members can stay over, and some personal care products are given for stayovers.
- Ensure resident is as comfortable as possible.
- Ensure respect form up to date.

Have you received any special training such as dementia, equipment safety, falls etc? How often is this reviewed?

The responses were:

- Mandatory training.
- Advanced Carer training.
- D.M.I training.
- Regular annual training.
- Dementia training.
- Falls awareness and avoidance training.

Information and education

Are residents provided with a welcome pack when they first arrive at the home? If so, what is included?

The responses were:

- Currently putting together a 'welcome pack'.
- Includes available activities list.
- Home facilities are shared.

Do you ask residents if they have a preferred communication method or any communication needs? How do you support this?

The responses were:

- Staff can speak more than one language.
- Staff have developed cards with language or images on to use with residents.
- Time is taken to verbally communicate with residents.
- Have used aids from visually impaired community.

How are residents communicated to regarding their treatment and care, and any changes?

The responses were:

- Talk to resident about what is going to be done.
- Discuss changes in care plan and with residents/relatives.

How are residents communicated with when there are any changes at the home?
The responses were the same as above regarding use of verbalisation and gestures.

- Generally, verbally.
- New staff introduced.
- Letter to relatives.

Do you provide residents with information about mealtimes, the food menu, activities etc.
How often is this information given to them?

The responses were:

- Yes, menus every day.
- Weekly planner for activities.
- Choices confirmed prior to delivery.

Choice

How do you support residents who wish to remain independent?

The responses were:

- Allow residents to do what they can still do including personal care.
- Establish resident preferences for future choices and confirmed when offered.
- Enable individual interests/activities.

Can relatives and friends visit residents when they like? Are there any time restrictions?

- Mealtimes are protected unless relative undertaking assisted feeding.
- Generally, visitors can visit daily at reasonable times.

We also asked if residents could contact relatives and friends outside of visiting by phone or facetime platforms? We were told they could and on occasions relatives are sent videos of the resident as an update or involvement in an activity.

We also asked if residents had a choice of what to wear. "Yes". We further asked if residents have a choice of when going to bed and getting up. We were told "Yes".

Residents are allowed to personalise their own room with many having soft furnishings and photographs in place.

Resident care plans are collated from relative information, professional assessments, and home assessments together with discussion with resident. These are reviewed as and when and may change on a monthly basis.

Being listened to

What steps does the home take to ensure it gathers the views of All residents? How are the views communicated back to them?

- Where possible due to varying cognitive levels residents are spoken to.
- Changes relayed to residents and relatives.
- Surveys for residents/relatives.
- Resident meetings held monthly.

Are residents aware of the complaints process should they need to use it?

- Some let you know issues.
- Relatives often say more.

Being Involved

Do you plan resident meetings? How often are they held? Who attends the meetings?

- Meetings with residents committee/panel held monthly.
- Open door policy in place for questions or concerns to be resolved.

Is there an activity coordinator? Are activities planned for residents? How often do residents take part in activities?

- 2 full time Activity Co-ordinators.
- Weekly plan on each unit and reception.
- Birthdays and other important celebrations or big events such as Wimbledon.
- Employees of the month displayed for outstanding care giving.

How do you minimise any loneliness and isolation?

- Try to get everyone involved.
- Resident and relative surveys carried out.
- Encourage residents out of rooms to use activities and facilities.
- Consistent contact with residents throughout day by staff and Management walk arounds.



Manager interview

We spoke to the Area Manager on our first visit and undertook set questions. A new Manager was due to start in the near future. On the second visit we did meet the new Manager.

When asked how they ensure everyone has equal access to services, we were told that each resident has an assessment which includes taking information about religious belief, cultural background, history, likes and dislikes. Visits to church are enabled when requested.

Essential Services

When asked about how does the provider support residents in accessing services such as GPs, dentists, opticians etc.

We were told:

- GP rounds happen once a week, every Tuesday.
- Dentists are booked when required.
- Chiropodist visits every 6 weeks.

Support for preventative care is managed by use of:

- The home works closely with tissue viability.
- The home also works with the diabetes team.

We were told care plans are updated daily as needed and checked monthly.

We were told that the home is signed up to the 'Red Bag Project'. Some issues were highlighted around discharge from Walsall Manor Hospital. Some red bags were not returned or incomplete when returned with the resident.

Safe, Dignified and Quality Service.

We asked how residents are protected from risks of abuse. We were told that staff bring it to the Managers attention as there is an 'open door' approach which includes relatives. Any safeguarding issues are reported to the Local Authority and other organisation if appropriate.

We then asked how is residents' privacy and dignity maintained? The response was:

- The home has a whistleblowing policy.
- A complaints policy.
- Staff are trained in 'safeguarding adults'.

We asked what fall prevention measures are in place?

- Accident and incident reports.
- Falls are analysed each month to identify causes and seek reduced solutions.
- Crash mats are available and used.
- Assessments are made for each resident on fall prevention and possible dangers.

Those residents who are end of life - the home discusses with families and provision to visit the resident anytime is available with additional support if needed.

Information and Education

We asked if residents are provided with a welcome pack, if so, what is included? We were told "Yes", It includes:

- A welcome pack
- An activity pack
- Welcome baskets
- Provide nightwear if needed

There is a resident communication plan that includes use of flash cards, google translate and a number of staff can speak additional languages.

Any changes to the home are communicated face to face with residents with some staff able to speak alternative languages. We were told that relatives are also kept informed.

In addition, the home holds resident meetings with a board of residents who attend. The information is shared and documented, and relative meetings are also to be formally documented and shared with relatives.

Activities co-ordinators share possible activities with residents on a daily basis encouraging them to take part but understanding a resident choice not to, should they so wish. We visited when an entertainer (singer) had been arranged and it appeared to be a regular/welcomed activity.

We were also told a vicar visits regularly. We were also told that some residents can visit Morrisons for breakfast.

Choice

We asked how the service supports residents to remain independent?

We were told:

- Some residents visit local shops on their own or with care workers.
- Offered choices of what to wear, they choose.
- Encourage resident mobility throughout the home.
- Encourage residents to clean own teeth and undertake their own personal care should they wish or be able to do so.

The home seeks to protect mealtimes for residents so restricts visiting times to visitors, though some visitors are allowed to assist in feeding their relatives/residents. Those visitors are included in the residents' care plan. Other than these visiting times are flexible.

Should residents wish to speak to relatives or friends by phone, Facetime has been set up for use on iPads.

Residents are told can stay up late at night and can get up when they wish.

We were told that residents and relatives can also bring personal/meaningful items to the residents' room to further decorate it.

Personal belongings of valuables can be kept in the home safe. Bedrooms have bedside cabinets which are lockable.

Being listened to

We were told that residents care is discussed with them, and residents and relatives are encouraged to contribute to their care and care plan.

Also, a resident meeting is held monthly. Enabling resident opportunities to both offer suggestions and seek answers to any questions about their home.

A residents and relatives survey has been in place and outcomes have been displayed and shared.

Being involved

When care or treatment is given residents are informed/involved.

As mentioned previously there are a number of ways residents/relatives are involved.

Bed bound residents are also involved in activities suitable to their interest and their situation. Manager also conducts walk arounds and engages with residents and relatives.



Findings

- The building appeared to be well maintained
- There was a secure access/exit to the building
- Hand sanitisers around the building were full/maintained and working
- Fixtures, fittings and décor were well maintained
- There was a range of specialist hoists, chairs and mobility equipment for residents
- When residents answered our questions, the answers were overall very positive responses
- Residents seem to get on well with staff
- Staff appeared to be attentive and caring towards residents
- Residents took part in a singer/music/dancing event on our first visit. An activity schedule is available throughout the week
- There are 2 Activity Co-ordinators who appear to be active and encouraging residents to be involved if they wished
- When speaking to one resident when asked if they saw an optician one resident requested to and this was passed on to the Area Manager on the day
- Relatives we spoke to were happy with the care and involvement of the residents at the home
- There are still a few staff vacancies to recruit to
- There is no relative newsletter at the moment
- A relative/resident mentioned there was a wait time when the call buzzer used



Recommendations

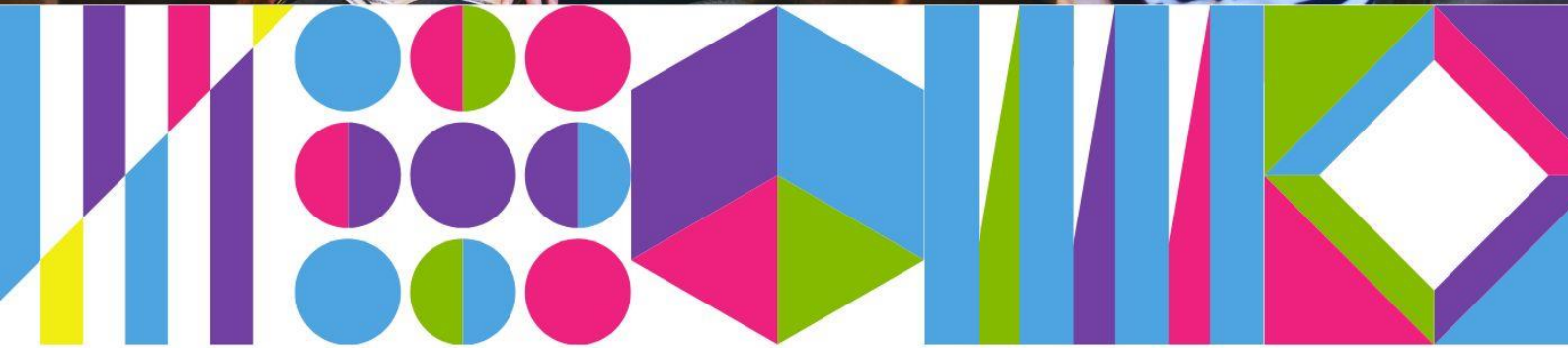
- Assess/test response times to residents call bell/ buzzers in residents' rooms
- Develop a relative/resident Newsletter to share information
- Update individual resident needs to access services such as an optician as and when residents identify or via the update of an individual care plan
- Recruit staff to vacancies
- Incorporate resident/relative surveys into communications or newsletters to resident/relatives



Service Providers Response

Thank you for sending over the draft copy of the report. I feel this is a positive account of Delves Court. Looking at the recommendations I can confirm we have now started a residents/relative newsletter and in future we will include the results of surveys that take place.

Recruitment is currently ongoing, but we have recently recruited into some positions.



Healthwatch Walsall

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