Healthwatch Gloucestershire 'Enter and View' Visit Report: Knightsbridge Lodge Care Home, Cheltenham

November 2016

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1. About Healthwatch and 'Enter and View'

1.1 Healthwatch Gloucestershire

Healthwatch Gloucestershire (HWG) was established in April 2013 as part of the Health and Social Care Act 2012 and is the local independent champion for health and social care in Gloucestershire, giving adults, children and young people a powerful voice in helping to challenge and influence the way health and social care services are planned and delivered locally. One of the primary functions of Healthwatch is to gather local people's views and experiences of health and social care. These are passed on to those who plan and deliver services in Gloucestershire, to the Care Quality Commission (CQC), and to Healthwatch England, to help them identify national trends.

Local Healthwatch address

Healthwatch Gloucestershire, Community House, 15 College Green, Gloucester GL1 2LZ

1.2 What is 'Enter and View'?

Part of the local Healthwatch programme is to carry out 'Enter and View' visits to health and social care services. Local Healthwatch Authorised Representatives* carry out these visits to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch Authorised Representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. 'Enter and View' visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation, so Healthwatch can learn about and share examples of what providers do well from the perspective of people who experience the service first hand.

Healthwatch 'Enter and View' visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they will be reported in accordance with Healthwatch safeguarding policies and procedures. If an Authorised Representative observes anything they feel uncomfortable about, they will inform the HWG Lead Representative who will then speak to the site Lead Contact, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding concern about their employer, they will be directed to the CQC where they are protected by legislation if they raise such a concern.

**An Authorised Representative is a person who has undergone the necessary 'Enter and View' training, been DBS checked and approved by the Healthwatch Gloucestershire (HWG) Board. They are individually appointed to carry out a specific 'Enter and View' activity.*

1.3 Purpose of visit

The purpose of the visit was to:

- Observe the care of residents, particularly those with a higher level of need
- Speak to residents (where possible and appropriate) and their families about their experiences of care at the home
- Speak to member of the staff team about training and processes that support good quality care of the residents

1.4 Strategic drivers

The strategic drivers listed below were the main triggers for the 'Enter and View' visit:

- Recent and historic concerns from family members with loved ones resident in the home around the care provided
- CQC inspections of Knightsbridge Lodge

1.5 Methodology

This was an unannounced 'Enter and View' visit.

Four HWG Authorised Representatives visited Knightsbridge Lodge, Knightsbridge Green, Cheltenham GL51 9TA between 1pm and 3.30pm on Saturday, 12th November 2016. They explained the purpose of their visit to staff and residents, observed communal areas, spoke to residents, visitors and staff, and made notes.

1.6 Authorised Representatives

Sally Latter (HWG staff team), Julia Butler (HWG staff team), Maggie Powell, Judith Rudzki.

1.7 Disclaimer

Please note that this report relates to findings observed on the specific date set out above. It is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed at the time.

1.8 Acknowledgements

Healthwatch Gloucestershire (HWG) would like to thank residents, visitors, and staff for their contribution to the 'Enter and View' programme.

2. Findings

Knightsbridge Lodge is a residential home situated on a busy road into Cheltenham. It has 22 beds, of which 18 were occupied at the time of the visit. The home also offers respite care although there were no respite residents at the time of the visit.

The home is privately owned and managed.

The Authorised Representatives were told that over half of the residents had low-grade dementia and one resident had more complex care needs.

2.1 Environment and building layout

The exterior of the building appeared well maintained and the parking area neat and tidy. The main vehicular/pedestrian exit did not have a gate. There was an enclosed garden to the side of the home and a paved area where a gazebo was under development on the lawn behind the property. The garden was well tended and attractive although, as might be expected in this location, traffic noise was intrusive.

The entrance door to the property was clearly visible and was secured with a keypad type lock. This led into an entrance hall which contained a signing in book and displayed various notices. The results of the last CQC inspection were displayed along with a copy of the CQC report. An alcohol hand gel dispenser was visible.

The environment within the home was clean and tidy and the residents appeared clean and well-dressed.

Downstairs was a homely lounge with a television which was on, although the residents did not appear to be watching it. There was a further quiet/activities room, which was empty and felt a little cold. The dining room was clean and pleasant and the tables laid in an attractive manner. A 'Today Is' notice which displayed the day, date and season was seen on the dining room wall. A blackboard displayed the menu for the day.

Also on the ground floor were the kitchen, laundry, sluice room, staff room, and office. The laundry was very compact and tidy and a system was in place to keep residents' clothes separate. The home provides name tags to the residents' families to sew into clothes. Authorised Representatives observed good practice in operation with a colour-coded chart for cleaning materials and equipment. It was observed that the laundry door was open and has a DorGard affixed which allows the doors to remain open but will automatically close should the Fire Alarm be activated. This room was also used for hairdressing.

The kitchen, refurbished two years ago, was observed to be clean as was the floor, and surfaces were clear of food.

The bedrooms varied in size and shape. All had a hand basin, and three of the bedrooms had en-suite facilities. Two rooms were locked and were undergoing refurbishment. Many of the residents had personalised their bedrooms with their own furniture and photographs. At the time of the visit the majority of the residents were in their rooms, either watching television or sleeping in the chair. Two or three residents were observed sleeping in their beds and may have been bed-bound. Bathrooms were observed to be clean.

Alcohol hand gel dispensers were observed around the home. The Authorised Representatives did not observe any visible Personal Protective Equipment around the home, but a carer was observed using gloves on one occasion when dealing with fluids, and a carer was also observed putting on gloves prior to toileting a resident.

The home was not purpose-built and because of the layout it was not particularly wheelchair/equipment friendly. Storage space was limited. A Sara Steady was observed stored in the corridor next to the lounge, without brakes applied. There was very little evidence of adaptation of the environment to make it dementia friendly.

2.2 Staffing

Each shift comprises either the Senior Carer or Manager, two carers, and two or three domestic staff plus a kitchen assistant. The Authorised Representatives were told by a senior carer that agency staff were only employed to cover night shifts but it is now understood that agency staff are only employed in emergencies.

On the day of the visit, staffing comprised the Senior Carer, a carer, and an apprentice carer. In addition there was a cook and a general assistant. The Senior Carer had worked as a carer for almost 30 years, including 7½ years at Knightsbridge Lodge. The carer had worked at Knightsbridge Lodge for 6 years, the general assistant for 20 years, and the apprentice carer since June 2016. The Authorised Representatives were told that staff have annual appraisals, and that supervisions are held every 3-6 months.

Staff told the Authorised Representatives that the carers undertook domestic tasks at the weekend in addition to their other duties. The apprentice carer was observed carrying out a variety of tasks which ranged from dealing with laundry to personal care and caring for residents with more complex care needs.

According to the staff, Knightsbridge Lodge has a good relationship with Tewkesbury GP practices, who provide GP Enhanced Visits to the home every two weeks. The Senior Carer described the District Nurses as “wonderful”, telling the Authorised Representatives that they provide a variety of nursing support including insulin injections, and have trained the Senior Carers to administer insulin. Additionally, the Palliative Care Team are available by telephone for advice.

The Authorised Representatives observed an out-of-hours GP attending a resident who had an unexplained bruise on their head and a sore wrist. The GP visit had been requested by the Senior Carer.

2.3 Training

The Authorised Representatives observed 18 Manual Handling Certificates displayed on the wall. Three of these were out of date, although it is noted that they do not have be to be displayed.

All staff have Food Safety Awareness training level 2, although it was observed that six of the certificates were out of date. One member of staff had a Healthier Food and Special Diet Certification from 2008, and there was no indication of an updated version.

The Senior Carer was trained in dementia and was a dementia link worker. She acknowledged that training other staff was not a strong area for her and expressed the hope that another carer could be trained to take on this role. With the increasing number of residents who were living with dementia, the carers stated that they were aware that they needed further training in caring for them. The Senior Carer explained that she was keen to use the ‘This Is Me’ books for residents, and was in discussion with managers about starting to use this resource.

The staff had received no formal End of Life training, although the Authorised Representatives did discuss End of Life care with the Senior Carer. It was explained that Vaseline and swabs were used for mouth care in End of Life, although there was no opportunity for the Authorised Representatives to observe this.

The apprentice carer was part-way through a NVQ Level 2 e-learning qualification in caring. When she commenced employment with the organisation she had been given a one-week induction which included: infection control, Health and Safety, and Manual Handling training. She explained correctly to the Authorised Representatives how to use a Sara Steady and also showed good knowledge and awareness of DOLS, Safeguarding, CQC and P+ procedures. She was also aware that policies were available in the office.

The Authorised Representatives observed a 'Policy of the Week' on the wall of the Staff Room for staff to read and sign to acknowledge that they had read this. This was seen as good practice.

2.4 Activities

The Authorised Representatives were told that an Activity Co-ordinator works Mondays to Fridays from 8.30am to 4pm. Carers cover activities at the weekend.

A rota of activities was displayed on the notice board with a variety of activities scheduled every morning and afternoon. On the afternoon of the 'Enter and View' visit board games were scheduled, although the Authorised Representatives did not witness this activity taking place. However, there had been a regular visit from a volunteer with a dog in the morning, and on this occasion the volunteer was accompanied by a puppy.

The Authorised Representatives saw evidence of activities in the Activities Room, including jigsaws and games. Art work was displayed on the notice board outside this room supported by some Maya Angelou quotations. Activities also included a weekly visit from the hairdresser.

Visitors enthusiastically told the Authorised Representatives about a 1920s quiz they had attended with a resident, and a firework display organised by the home on 5th November. The resident was also taken to Winchcombe Day Centre in the home car every Wednesday.

The Authorised Representatives were also told that the Activities Co-ordinator spent time one-to-one with residents talking about their life stories, interests and preferences. This was seen as a cross-over with the 'This Is Me' books.

Dates of special significance were recognised and celebrated, for example Bonfire Night, Armistice Day, and a coach trip was organised to the Christmas Pantomime.

2.5 Food/Hydration

Lunch had finished at the time of the visit so the Authorised Representatives did not observe a meal. Residents were observed leaving the dining room and they appeared cheerful and contented. One resident was encouraged to use the toilet.

The residents were given a choice of two main courses at lunch time each day, which they had chosen the day before. On the day of the visit both lunch choices were beef dishes. No vegetarian option was displayed. Dessert was either fruit crumble or fruit and ice cream. Authorised Representatives were told that if there was nothing on the menu that a resident wanted to eat there were plenty of things in the freezer that could be used. One resident said the food was nice but could not recall what she had eaten.

The home has one resident with Type 1 diabetes and one resident with Type 2 diabetes. These residents are aware of their condition and understand their dietary restrictions. The Authorised Representatives were told that with only two residents with diabetes the cook was aware of their needs without a formal system being put in place. Desserts like crumble are routinely made with sweetener rather than sugar and those are suitable for everyone. Sometimes a similar but suitable alternative would be available, for example egg custard instead of crème brûlée, so that it looked as if residents were all having the same meal.

There was no mention of Gluten Free food, although carers did not indicate that any of the residents needed this provision. The Authorised Representatives were told that some residents had to be encouraged to eat, but that none had to be fed.

Staff reported that residents were provided with drinks throughout the day: at 7am; with breakfast at approximately 8.30am; mid-morning drinks at 11am; with lunch at midday; mid-afternoon at 3pm; supper time at 5.30pm; and at 8pm.

The 3pm tea round was witnessed by the Authorised Representatives. Residents were offered tea or coffee and a piece of cake, and visitors were also offered a drink. No drinks were offered outside of these 'rounds'. A jug of squash with two beakers was observed in the lounge, but no residents were seen using it during the visit. The Authorised Representatives were told that all rooms were provided with fresh water or squash every day in the morning, and a carer said that if a resident asked for a drink the carers would get one for them. A cup of water or squash was seen by the Authorised Representatives in the bedrooms and some, but not all, rooms were seen to have a jug of water or squash. Authorised Representatives did not observe residents in the lounge or in their rooms being encouraged or reminded to take a drink.

Staff reported that fluid charts were only used if instructed by the GP and that these were being audited by the Manager.

2.6 Meeting the needs of residents and families

The Authorised Representatives were told that a handover takes place at the beginning of every shift. This is done verbally, but a cardex system is also used. Although the Authorised Representatives were told that Care Plans are in place and that carers can obtain these from the office if needed.

Staff told the Authorised Representatives that an optician visits the home and recalls residents when they are due for an eye test, and a chiropodist visits the home every six weeks. Residents were able to continue seeing their previous dentist if they chose, and the home would arrange to take them to the dentist if required, or recommend a local service if the resident did not have one.

The home has a car which has been adapted to take a wheelchair which was available to take residents to appointments and days out. A landline was available for residents to make and receive telephone calls.

Family members were heard to be on first name terms with the carers. Visitors that the Authorised Representatives spoke to were satisfied with the care provided. Periodic residents meetings are held to which family and carers are also invited. Bells rung by residents were observed by the Authorised Representatives to be answered in less than a minute by the carers.

2.7 Voice of the residents, their family or carers

- Resident: *"This is a very nice place, 10/10"*
- Resident: *"I get some food choice – I don't like slimy things and they give me things that are better. I like the activities, there is always something going on. They have something for everyone. I would find it hard if I just had to sit all day."*
- Family member: *"We have no complaints, it is lovely here. She has been here for years and it is really homely. The care is good."*
- Friend: *"They do amazing things here like fireworks, and families can get involved too. She went to a quiz the other week, and they all had a quiz on things from 20s,*

30s and 40s – our friend loved it and was top of the class! They do tell us that we are welcome to take our friend out if we wanted to. They're very kind."

2.8 Complex care needs

One resident was observed lying in bed; the carer explained that the resident was not very well. The representatives were informed that the resident was on a fluid chart.

The resident's door was open and was observed to be attempting to lift the cup to take a drink. The resident did not appear to be strong enough and the drink was spilt on the bed. The bell was not in the resident's reach, and was not able to press the button when prompted by the Authorised Representatives, so they pressed the bell for carer support. The apprentice carer attended to the resident, giving medication for breathing, and the empty cup was placed on the table. The resident was observed to be slumped over and not comfortable with a leg hanging over the edge of the bed. The apprentice carer changed the duvet cover and spoke kindly to the resident, but did not change the bottom sheet or change the residents' position in the bed. During the visit the resident was not observed repositioning herself in the bed.

The Authorised Representatives passed the door about ten minutes later and observed that the resident was further slumped to one side. A different carer came in response to the call. The carer gave the resident a sip of drink, and made a note on what the Authorised Representatives were told was the fluid chart. It was not clear whether the carer was aware that the drink had been spilled rather than drunk, and the Authorised Representatives are unaware of what was written on the fluid chart. The position of the resident in the bed was not changed.

About 20 minutes after this, the Authorised Representatives again observed the resident. The bell had been left out of reach on the table, and it was observed that the resident's leg remained off the bed and the resident had not repositioned herself. The resident was reaching for water that was out of reach. The Authorised Representatives advised the Senior Carer that the resident needed some help.

3. Conclusions

- The home was a friendly, caring, clean and well-maintained environment. The Authorised Representatives observed good interaction between staff, residents, and also family members
- The garden was well presented and cared for and a further paved area at the back of the home was being developed. This area is open to cars driving to the car park and leaves access open to the main road
- Good practice was noted in several areas, such as infection control, the 'Policy of the Week' initiative, and the activities on offer to residents and there were good relationship with GPs, District Nurse and other healthcare professionals
- Staffing levels observed at the weekend, combined with the layout of the building, meant that frailer residents could not easily be observed. The Authorised Representatives had particular concerns over monitoring of the residents with more complex needs if they are in rooms away from the busier areas of the home. It is understood though that Knightsbridge Lodge would not want to move residents from rooms they had made their own over the years.
- There were several rounds of drinks offered to the residents during the course of each day, and jugs of drinks were also available in the rooms for residents to help themselves. However, carers were not observed encouraging or reminding residents to take a drink and it was unclear whether the carers had an awareness of the hydration levels of the residents.
- Staff on duty during the visit were aware of the need for further training in caring for people with dementia and the home environment was not dementia friendly. However, one-to-one sessions were held with residents to get to know them better and the senior carer was keen to start using the 'This is Me' booklet. No formal End of Life Care training had been received even though staff did support residents that required End of Life Care.
- An unsupervised apprentice carer was observed carrying out personal care and stated that she carried out End of Life Care on residents.
- The Authorised Representatives observed a number of out of date training certificates on display, including three Manual Handling Certificates, six Food Safety Awareness training level 2 certificates, and a Healthier Food and Special Diet certification from 2008
- The lunch choices on the day of the visit appeared to be limited since both main course options were beef dishes, and the dessert choices were either fruit crumble or fruit and ice cream.
- The Authorised Representatives observed that the laundry door was open even though no member of staff was present which is a potential hazard for vulnerable residents. The laundry was also used for hairdressing

4. Recommendations

As a result of the visit, HWG makes the following recommendations:

1. Additional training be arranged in caring for people with dementia and adaptations made to the home and garden environment to create a dementia friendly environment
2. Formal training be arranged on more complex care and End of Life care in a residential setting
3. Staff to receive training on the importance of hydration
4. A skills audit be undertaken and further staff training provided where necessary.
5. Only current training certificates to be displayed
6. The door to the laundry room should remain closed unless a member of staff is present
7. An alternative room to be used for hairdressing

5. Service Provider responses

Knightsbridge Lodge

Knightsbridge Lodge tries to maintain a homely environment and atmosphere so all personal protective equipment is stored in easy reach but out of sight.

Knightsbridge Lodge is a residential home who is not predominantly for dementia sufferers. We adapt our environment around the people who are diagnosed after moving into Knightsbridge Lodge within the constraints of our environment. Following your recommendations we will consider any further adaptations that could be made.

Agency staff are not often employed as our team of committed carers understand the upset and disturbance to the smooth running of the home when agency staff are employed. They will normally cover extra shifts themselves. This is better for the people using the service and the staff members who would be working with them. Agency staff are only employed in emergencies when our staff are unable to cover themselves.

The apprentice carer on duty during this visit undertook the Care Certificate Knowledge Programme covering 15 Care Certificate Standards before she commenced any care work in the Home. She was supervised until the management team were fully satisfied that she was able to carry out the caring duties to the high standard we expect from all our carers. This apprentice, as with all our apprentices, is doing her apprenticeship training with a local training provider. The QCF is not an E-Learning course but the substance of the course is covered by written workbooks and monitoring at her place of work by her designated tutor. She also attends workshops at the provider's location.

Although some certificates displayed on the wall were out of date, training is arranged when needed to keep staff up to date. The fact that the old certificates had not been replaced by the up to date certificates did not mean the training had not been done. All carers keeps certificates in an individual training record and had you asked any one of the carers they could have shown you their up to date certificates. Following your recommendations only up to date certificates are displayed.

The activity co-ordinator normally works Mondays to Fridays but when arranging activities and events which are held on the weekends she will adjust her working hours to attend these. i.e. Summer Fete, BBQ evenings, trips out to Weston Super Mare e.g.

We take particular care to ensure the good nutrition of our residents. Meal times are an important time for the people using the service and are offered choices according to their preferences. There are always at least three main choices on the menu daily but the people using the service know they can request other options if what is on the menu is not to their liking. There were no vegetarians in our service at that time and therefore no vegetarian choice was listed. There is always a choice of a salad every day. Residents love their deserts so although only there is only two main choices written on the menu the choice of deserts is too long to list.

We discuss the meals with the people using the service and do our upmost to satisfy their likes and dislikes continually adding choices as they are mentioned.

The people using the service are offered a drinks six or seven times during the day but the kettle is always on and they can request a hot drink any time. A fresh jug of squash is always put in the lounge each morning for people to request or help themselves and in the rooms of any resident who prefers to stay in their room during the day. The fact that there was only two cups left in the lounge at that time shows that it is being used.

Staff will only write on fluid charts those amounts they themselves give to the resident. All our staff are aware of the importance of good hydration and we commence fluid charts for any resident about whom we are concerned regarding their fluid intake.

The resident who was observed to be slumped over and not comfortable, was actually in the position they wanted to be in. They always liked to sleep almost diagonally in the bed with their head near the wall and one of their feet dangling over the side of the bed. Doctors, District Nurses and staff have continually advised this resident to sleep much straighter in bed and in a more upright position to make breathing a bit easier but this advice was always ignored saying it was much more comfortable and felt safer the way they were. This was also discussed with the family who agreed that the resident should sleep how they found most comfortable. The resident would not have changed position because it was already the preferred position. On the bed was a pressure relieving mattress which was protecting those pressure areas about which we would have been concerned.

The carer changed the duvet cover but because the bottom sheet was not wet or dirty it was not necessary to change it. It would have caused the resident more disturbance.

The fluid charts are filled in with what was given to the resident at the time of the visit. This resident either had a member of family visiting or was checked on very frequent visits and offered a drink.

The call bell has a lead which is attached to the resident's pillow always being in reach.

Following your visit and with reference to your recommendations a training audit has been undertaken and all necessary training has been arranged. We already had three staff members who have undertaken the Dementia Link Worker Course with a fourth in progress. A full day of 'Caring for Dementia' and a full day of 'End of Life Care' training, both on site, have been arranged and all staff will be expected to attend. An ongoing programme of in house training in 'Infection Control and Cleaning' training has commenced and will continue to cover updates.

It has been decided the door to the laundry will remain closed, even though there is a 'Dorguard' affixed, if it is vacant. We were advised that it would not be necessary to use an alternative room for hairdressing. This is a once a week activity and can continue.

Regards

Nicholas Coates

Knightsbridge Lodge

Gloucestershire County Council

Overall this appears to have been a positive visit. The recommendations pick up the areas observed as being in need of improvement. One of those is around hydration which is an issue previously logged in review visits.

It would be useful if the review of any actions was therefore carried out in partnership.