healthwatch Gloucestershire

Enter and View Report: Parton House Care Home

Parton Road, Churchdown, Gloucester GL3 2JE

July 2016

Contents

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:

- To observe and report upon the care and experience of residents at Parton House Care Home, Parton Road, Churchdown, Gloucester GL3 2JE

1.4 Strategic drivers

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

- CQC and Gloucestershire County Council (GCC) inspections of Parton House, resulting in a new management team being put in place together with a review of all processes
- GCC's Quality Assurance Team request for HWG to carry out an 'Enter and View' visit as a follow up to the inspections to observe care and working practices and carry out a return visit in Quarter 3 to review

1.5 Methodology

This was an unannounced 'Enter and View' visit.

Four HWG Authorised Representatives visited Parton House Care Home, Parton Road, Churchdown, Gloucester GL3 2JE between 10am and 1pm on Tuesday 5th July 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, Geoff Gidley

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. Introduction and Background

2.1 Introduction

Following the CQC and GCC inspections of Parton House, a new management team was put in place and a major review of all processes undertaken.

The new management team comprised:

- New Interim Manager - a longstanding manager from Cedar Trust Care Homes (CTCH)
- Deputy Group Care Manager
- A Business Development Manager had been recruited externally to review **all** processes within the homes in CTCH
- 2 Deputy Managers

The Business Development Manager was setting targets for the CQC Action Plan on the day of the visit. There are plans to:

- Increase staff numbers
- Improve continuity of carers and the skills mix of the staff team
- Reduce the number of agency staff used or have a standard pool of staff that are used consistently.

A timescale of three weeks was set for the action plan to be finalised and new processes to be put in place.

2.2 Background

The home has 36 single rooms with 26 occupied at the time of the visit. Six residents were diagnosed with dementia.

On the morning shift there are five or six carers and in the afternoon four or five carers as well as a manager. A deputy manager works at the weekends.

Two agency staff were observed working at the time of the visit.

Carers are all classified at the same level and job title, even if their qualifications and experience differ. There are now no lead/senior carers, but this model was used previously.

Shifts run from:

- 7.30 am – 2.30 pm
- 2.30pm – 9pm
- Night shift from 8.45pm

There is a Dementia Link worker who trains other staff.

The home is part of the GP enhanced service with all residents assigned to one GP surgery. The GP visits the home weekly and sees residents on request.

In order to improve standards of care, the Business Development Manager encouraged all staff to sign up to the Dignity and Respect Challenge.

3. Findings

3.1 Environment

The home had a reception area, two lounges, a dining room, an activity room, a cinema room, and gardens. A small conservatory was available for the two residents who smoke. There was evidence of the introduction of clear, dementia friendly signs around the home, indicating lifts, lounges, and toilets on the ground floor. It was not clear from external signage where the reception area/main door was. The reception area had a wide selection of health and social care information leaflets on display.

Some areas of the home were in need of redecoration and minor attention, particularly the reception area. The staff room and activity room were cluttered and the clock in the lounge showed the wrong day and date. There was evidence of empty rooms undergoing refurbishment and an environmental audit was being carried out during the Representatives' visit. The Representatives were told that there were plans to clean the carpets throughout the home to smarten up the environment and an additional housekeeper was being recruited.

The gardens appeared well maintained with a patio outside with tables and chairs for the residents to use. A visitor told the Representatives:

"It is difficult to get out there in a wheelchair and if people are unstable on their feet the paths and grass don't help - maybe need a hand rail."

Each resident had a clear sign on their door to indicate their preferred name and also a symbol/picture they chose themselves. Rooms observed from the corridor showed individual furniture, pictures and personal belongings.

The Representatives observed the laundry room which had a clear system in place. Most of the clothes were marked with the residents' room number and there were a series of plastic boxes marked with each room number for underwear. There were also notes visible listing 'lost' items.

Music was playing loudly in the sitting room and in corridors, although it was not clear whether it was the residents' or staff choice of music.

Use of facilities

The Representatives only observed one lounge used by the residents and this had between one and four residents in it at any given time. The small lounge appeared to be unused with the door closed and quite difficult to keep open. The Representatives were told that consideration was being given to redesigning the lounges for residents with dementia.

Although the television was on in the cinema room, the Representatives were informed that it was rarely used. Residents stated that they found the chairs uncomfortable and that the room felt claustrophobic.

There was evidence that activities had been undertaken in the activity room recently. The home was in the process of carrying out a review to see how facilities could be better used, encouraging more residents to participate in activities.

Staff told Representatives a particular resident caused disruption in the home and other residents struggled to cope with this behaviour. This resident's placement was under review by Mental Health Services and their family. Staff felt that if this resident was moved to more suitable accommodation, it would lead to the remaining residents using the facilities more.

3.2 Staff Interaction with Residents

Residents' involvement in decision making and their independence

Representatives were informed that the residents' council and relatives' meetings were positive. One resident spoke of regularly feeding back her views to the Interim Manager.

One resident used a mobility scooter which was kept in the reception and often used it to go into the village. The front door was not locked from the inside. Access from outside is prevented by a 'Yale' type lock.

The home was pet-friendly and two residents had cats.

Observations – person-centred care

Representatives observed a resident returning from a hospital appointment in the home's minibus. She was asked if she would like lunch in the dining room or in her room.

One carer appeared familiar with a resident's personal history and referred to this in conversation with them.

A medication round was not directly observed by the Representatives, but a carer wearing a red tabard was observed. It was explained that this carer had just completed her round and that the red bib meant 'Do not disturb'. Staff explained that very few residents self-medicated and the medication trolley is stored in a specific medicine cupboard. Many carers had their qualifications to give out medications.

Representatives witnessed an unfortunate incident whilst on the visit, when an agency carer used a stand aid to lift a frail resident. The resident achieved a half-standing position but was not able to stand fully. The resident was heard to say, ***"What's going on?"*** and ***"I can't do it"***. The carer replied, ***"Stand up, you can do it"*** after which, the resident then slipped to the floor. This was not observed by the Representatives, who had gone to get assistance. The Representatives were later told by the Deputy Group Care Manager that it was a *'controlled fall'*. The resident looked pale and when help arrived the resident was made comfortable with a cushion whilst carers decided what to do. Eventually the resident was hoisted into a wheelchair and taken directly into lunch. The Representatives did not observe the resident being asked if she was ready for lunch after her fall, or being given the option of having lunch at a later point once she was more settled.

The incident was raised with the Interim Manager by Representatives at the end of the visit and she confirmed that a stand aid requires two carers to operate it and all agency staff should have had the appropriate training. The incident was treated seriously and the Business Development Manager said she would be contacting the agency and if necessary not be using that particular member of staff again. The fall would be recorded and details included in the handover sheet. The resident would be checked after one hour, 12 hours and 24 hours and the resident's family would be informed.

Maintaining a Safe Environment for Residents

Representatives were told that handover processes had already changed, including paperwork and handover sheets. These now contained more information about the resident and any issues or incidents that had arisen during the shift or previously. The Business Development Manager carried out periodic safeguarding audits on staff, testing their knowledge.

3.3 Activities

No activities took place during the visit, but the timetable was on display on a small noticeboard with activities planned for each day. It was noted that the timetable was too high for most

residents to see. The Representatives were subsequently told that residents are given their own copy and the calendar on the noticeboard is for information only. The activities were generally planned for the afternoons although there were also all day events. A hairdresser visited the home on Wednesdays and outings were organised using the home's minibuses.

There were also planned activities in the cinema room. However, the Regional Manager explained that the residents disliked the cinema room. This space was to be reviewed.

The Deputy Group Care Manager discussed an activity that had taken place for the Queen's birthday. Members of staff informed Representatives that certain activities were popular. One resident said that she really enjoyed 'Movement to Music' and she particularly liked the 'golden oldies' music. The same resident also said that she had called the numbers for Bingo in the past and enjoyed doing this.

There was no activities lead and carers shared the responsibility of putting on activities. One carer had chosen to take the lead on this. Representatives were given no information about residents' involvement in the planning of activities.

The Business Development Manager informed Representatives that she had completed an observation of a mealtime. 20 residents came down from their rooms to eat, but then 17 returned to their rooms after finishing. She said they were working to encourage residents to stay downstairs and take part in any activities taking place.

If residents refused to participate, this decision was accepted without alternatives being offered. Staff attempted to encourage residents, but if they choose not to then the residents remained in their rooms. This process was under review. Residents who were not able to take themselves downstairs were taken down by staff.

Residents were observed sitting together in the lounge and dining room, but with little social interaction or conversation between them and no encouragement or involvement from staff to do so.

The Business Development Manager planned to develop a volunteer befriending initiative with the local community.

3.4 Nutrition/Mealtimes

Menus and food choices

Menus were decided by the chef and displayed on a small board. The Representatives were informed that there were two choices and that staff supported residents to make their choice in the morning. Residents were able to choose desserts from a trolley in the dining room and there were jugs of orange squash available on the table.

Snacks and fruit were available at all times in the dining room and facilities were available for visitors to make hot drinks.

Representatives were told that alternative food could be offered. Staff gave the example of one resident who had very specific tastes and talked about the alternative food they offered her if there was nothing else she could eat.

Residents' nutritional needs, appetite and diet were communicated to care staff through the new handover sheets. Weight gain or loss was monitored and reviewed through care plans, although these were also being reviewed.

Fluids

Jugs of juice and cups were situated in the lounge, although none of the residents were observed with a drink. There were also jugs of water and beakers/cups of fluid observed in bedrooms.

The Representatives were advised by the kitchen assistant that she notified a carer if she observed that a resident did not finish their drink.

Mealtime observations

A lunchtime was observed during the visit. A number of residents needed support with feeding:

- One agency carer was observed sitting to the side of a resident, out of her eye line, and feeding her without any interaction and hovering with the fork between mouthfuls.
- One resident was in a specialised chair with a carer attempting to feed her. The carer sat in front of the resident encouraging her to eat, although the resident did not want to eat. There was a discussion with other members of staff as to whether the resident was spitting out medication and food. The resident was not communicating with anyone and appeared unresponsive.
- One carer was sitting next to and feeding a resident who was sitting at the table. The carer was observed giving the resident enough time to swallow her food in between mouthfuls. However, the carer was not in the eye line of the resident.
- Other residents were observed having their food cut up for them so that they could eat independently.
- Residents who were able to walk themselves into the dining room were able to choose where they wanted to sit. However, one lady was observed being taken to a different table to the one she indicated she would like to sit at.
- Whilst residents were sitting down, carers were observed helping residents to drink.

Residents who needed support, i.e. those in wheelchairs, were taken into the dining room from 12pm with more mobile residents following them. Residents were brought down from bedrooms shortly afterwards and trays of food were observed being taken upstairs at around 12.15pm.

Lunch was handed out at around 12.30pm. There was originally one carer handing out lunches and two more joined to support residents who needed support with feeding. One carer explained that once all residents had eaten their main meal, plates would be cleared and desserts would be offered to all at the same time. Tea and coffee were offered at the end of the meal.

3.5 Resident and Visitor Feedback

"I like the food here" - Resident

"The care is good, they help me to eat" - Resident

"I come and visit my friend a couple of times a week. The care is ok and it has seemed to improve over the last few weeks. It is nice to speak to people like you about it [the home and care], and that they are doing something about it. I read the report [CQC] and thought it seemed fair. In the past, it has taken 20-30 minutes to have the call bell answered. It would not be good if he was on the floor at that time. I think it is a bit better now; they come and check to make sure he is ok, and then prioritise the bells. It can still take a while though. He doesn't get out much – the garden is hard for him to get out to I think because he is not able to get out himself." - Visitor

4. Recommendations

As a result of the visit, the following recommendations are suggested:

- Review external signage
- Consider putting handrails (and improved paths) in the grounds to make these accessible to all and provide staff to help residents outside if they need help
- Continue to review use of lounges, cinema, small lounge, and activity room to make them more appealing and accessible with comfortable and appropriate furniture
- Encourage residents to make more use of facilities and consult with the residents and their family members about what activities they would like to see, taking into consideration mobility and communication needs
- Look at introduction of a system to review skill levels of agency staff
- Review manual handling for all staff
- Training/refresh of feeding techniques/practices by all staff including input from a speech and language therapist

5. Outcome

Following the Healthwatch Gloucestershire 'Enter and View' visit into the home, GCC met with other colleagues including HWG to discuss next steps and the following was agreed:

- **Care Home Support Team** to work with the District Nursing team to ensure a managed continuous professional presence within the home.
- **GCC/CCG Joint Commissioner** request that social workers assess the GCC funded Service Users in the home to ensure their needs continue to be safely met.
- **Care Home Support Team** to consider training to be offered through the Care Home Support Team.

6. Service Provider response

6.1 Response from Gloucestershire County Council, received 4th November 2016:

The findings in the report for Parton House was evidenced by Healthwatch Gloucestershire in July. A recent visit has been undertaken to Parton House to evidence improvements that have been implemented in the areas that were a concern. Commissioning will continue to monitor the home for improvements to the quality of the service. Commissioning will expect the provider to demonstrate sustainability in all areas that have been implemented.

Regards

Jean Watson

Commissioning Officer

Commissioning & Brokerage for Older People

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6.2 Response from Parton House, received 25th November 2016:

The management team has changed since the visit. A new permanent manager has replaced Alison Andrews, the Interim Manager.

The permanent manager, Sarah Andrews, has achieved registration with CQC for Parton House. She has a good history of driving homes requiring improvement as evidenced by her previous home, Chargrove Lawn.

Alison Andrews has remained in Parton House to complete a total rewrite of the care plans, a task which is nearing completion and once this work is finished Alison will leave Parton House.

The Business Development Manager, Natalie Bonner, continues to support staff and manager at the home.

Many residents now use the lounge every day. The resident who was noted to be disruptive was transferred to a specialist dementia home and this has impacted positively on the rest of the residents, in that they are using the communal areas more. However, they are still reluctant to use the other lounges, and the plan still stands that the larger of the two little used rooms will become an activities room.

Work is currently ongoing regarding consulting with residents and families /friends about activities. Resident/relative meetings have been held with fair attendance, and the new manager plans to timetable these to take place regularly throughout the year.

Use of agency staff has reduced to approximately 5 - 6 shifts per week, as the home continues to recruit permanent staff.

Staff have received practical manual handling training from an external training provider and further training has been requested from the Care Home Support Team, and will be delivered in the New Year. CHST have already delivered Dementia Awareness, and the '5-Step Approach to dementia' will be delivered within the next two weeks.

The new manager is currently declining potential new residents requiring care involving hoists or stand aids or other high care needs. This is because she has judged the dependency levels within the home to be too high and until they reduce to a more reasonable level, will continue to be cautious in her admissions to the home.