

healthwatch
Nottingham & Nottinghamshire



HWNN Enter and View Combined Care Home report

November 2020

Table of Contents

Executive summary	4
.....	4
Recommendations	4
Introduction	5
Project Team	5
Visit Rational	5
Healthwatch Visits dates, Care Quality Commission (CQC) Ratings	6
Summary of findings from resident / relative and visitor comments	7
Staffing / Agency Staff.....	7
Care Plans / Continuity of Care	8
Management	8
Communication	9
Food & Drink.....	9
Activities	10
Environmental Audit.....	11
Safeguarding	11
Conclusions	12
Recommendations	12

Executive summary

Over the last three years Healthwatch Nottingham and Nottinghamshire (HWNN) have visited 17 care homes in Nottingham City and Nottinghamshire County using our legal power of Enter and View. This power allows Healthwatch to visit any adult Health and Social Care setting, see its operation in action, identify what is working well, and suggest where improvements can be made. After each visit the report was shared with the relevant local authority and with the Care Home.

This report brings all the findings of our Enter and Views Surveys together. These surveys included questions on how caring are the staff, are residents treated with dignity and respect, how safe residents felt, how the home communicates with residents and relatives how well residents and relatives are involved in decisions about care, the complaints procedure, cleanliness, infection control and food. Common themes were identified and recommendations for improvements made.

Common issues were found under the following broad headings: Management, Staffing, Communication, Activities, Care Planning, Food & Drink, Environment and Safeguarding.

The homes visited were predominantly within the CQC grading of 'Inadequate' or 'Requires Improvement'. Management, Staffing, Communication and Care Planning scored adversely high (equating to a 'poor' evaluation). Activity Levels, Environmental Issues and Food and Drink all scored well in the majority of the reports examined.

It is concerning that reports identified a number of serious safeguarding concerns within the homes visited. Healthwatch 'Enter & View' teams are required to challenge Safeguarding issues that are identified to them. However, it is not clear whether the Care Home had been challenged about these, to ensure that they had all been referred to the relevant local authority Safeguarding teams.

When looking at the current CQC rating it is pleasing to note that eight Care Homes visited have since improved their CQC rating, six are unchanged and one has declined, from a rating of 'Requires Improvement' to 'Inadequate'.

One Care Home (Parkside, Worksop) had improved to 'Good' following the report but has now waned again to 'Inadequate'. This is a real cause for concern for the residents living in this home and their relatives and friends.

Management, and the management of care staff, is essential in the Care Home setting, with the role of the Manager being critical to the success of the home. It is clear that the majority of the homes visited have had problems in this area. Going forward, it is vital for Care Homes to have competent and long-term managers as this will lead to a much greater level of staff satisfaction and retention, and thus continuity of care. Use of agency staff should also be kept to a minimum as this is an area that residents and visitors comment on adversely.

Recommendations

- Ensure continuity of staff, particularly managers, and where possible reduce the numbers of agency staff
- Improve training of how to complete records and adhere to care plans

- Improve timely communication to relatives of changes to residents' health and care
- Reduce the number of safeguarding issues; and improve safeguarding reporting and the follow up of issues

Introduction

Over the last three years Healthwatch Nottingham and Nottinghamshire (HWNN) have visited 17 care homes in Nottingham City and Nottinghamshire County using our legal -power of Enter and View. This power allows Healthwatch to visit any Health and Social Care setting, see it in action, and identify what is working well and where improvements can be made. After each visit, the report was shared with the relevant local authority and with the Care Home. This report brings all the findings of these reports together; looks at the common themes; and makes recommendations for improvement.

Project Team

All members of the project team involved in the preparation of the initial reports were HWNN Enter and View Authorised Representatives. These individuals went through a formal selection process, including the taking up of references, a Disclosure and Barring Service (DBS) check and an interview with a panel of Healthwatch staff. All received training over two days, which covered the role of an Enter and View Authorised Representative and how that would be involved with the rolling programme of visits to care homes. Confidentiality, safeguarding, equality and diversity, and *Dementia Friends* awareness were also discussed.

Visit Rationale

All residential care facilities with an overall CQC rating of “Requires Improvement” are shortlisted for an ‘Enter and View’ visit. Any residential care facilities with an overall rating of “Good” or “Outstanding” are excluded, as less likely to have problems with service user experience. Services with an overall rating of “Inadequate” are normally excluded as these services are subject to ongoing scrutiny from the CQC and relevant local authority.

Healthwatch Visits dates and Care Quality Commission (CQC) ratings

The table below lists the HWNN visits made to care homes, their CQC rating at the time and their rating in June 2020. Eight homes have improved their rating, including Woodleigh Christian Care Centre, which improved from 'Inadequate' to 'Good'. Six more still have the same rating

One home, Parkside, has gone down a rating with the CQC. Parkside had increased its rating after the visit in June 2017 to 'Good'. It is therefore disturbing to see the rating drop to 'Inadequate'.

Carisbrooke Care Home has closed down since the report was written in July 2017.

	Name of Care Home	Report Date	CQC Rating at time of visit	CQC Rating June 2020
1	Maun View	Nov 2019	Inadequate	Requires Improvement
2	Lancaster Grange	Oct 2019	Inadequate	Good
3	Greenacres Grange	April 2019	Requires Improvement	Requires Improvement
4	Melbourne house	April 2019	Good	Good
5	Woodleigh Christian Care Centre	March 2019	Inadequate	Good
6	Adbolton Hall	Sept 2019	Inadequate	Requires Improvement
7	Red Oaks Care Community	July 2018	Requires Improvement	Requires Improvement
8	Red Rose	July 2018	Inadequate	Requires Improvement
9	Kingsthorpe View	June 2018	Requires Improvement	Requires Improvement
10	Stoneford Care Home	June 2018	Requires Improvement	Good
11	Nightingale Care Home	Oct 2017	Requires Improvement	Requires Improvement
12	Carisbrooke Care Home	July 2017	Requires Improvement	Closed
13	Adbolton Hall	June 2017	Requires Improvement	Requires Improvement
14	Beechdale House	June 2017	Requires Improvement	Good
15	Parkside Nursing Home	June 2017	Requires Improvement	Inadequate
16	Highfields Nursing Home	Jan 2017	Not Known	Requires Improvement
17	The Oaks and Little Oaks Care Home	Jan 2017	Not Known	Good

Summary of findings from resident / relative and visitor comments

The following summary of comments is taken from 16 reports made to the Enter and View teams by residents, visitors, and relatives.

Staffing / Agency Staff

87% (n=14 care homes) of the homes had staffing concerns relating to either a lack of staff, untrained staff or the use of agency staff.

The main area of negative feedback received concerned staffing, with the use of agency staff attracting particular criticism. Issues raised were: staffing levels in general, lack of communication (in some cases caused by language barriers), lack of interaction with residents, lack of continuity of care, and lack of knowledge of case histories.

However, in one home, two visitors raised concerns about understaffing, with the perception that some accidents with residents may be attributed to this. One resident also made reference to high staff turnover.

The E&V team observed that not all staff were wearing aprons, etc. during the serving of meals, and some were wearing jewellery and questioned if this was company practice, as it could lead to cross infection or possible minor injury.

In one report it was stated *'the lack of staffing impacted on some areas of care, for example at mealtimes and interaction with residents who chose to sit in their own room, meaning that some residents were left waiting for their needs to be met'*.

Reports also mention comments around certain staff, *'the standard of care depends what and who staff members are on duty. I'm on the fence about this, because it is dependent on which member of staff you see. There is a particular one who doesn't listen and has an unfortunate manner'*.

There was an issue, in one home, with the agency staff, as they were perceived as not being as good as the permanent staff. This highlighted issues of continuity of care for residents when agency staff were used.

Another report stated *'They get her ready each day, but the quality of the care depends on the carer. Some put more effort in than others'*.

At another home relatives commented that, *'They had observed staff being impatient and rude to residents but that this was generally the exception rather than the rule'*. Many people mentioned that the home felt understaffed.

'It's the lack of staff, not the actual staff - they aren't poor - they are snowed under - they are so stressed and under pressure'.

While accepting that security was important, some families were frustrated by the difficulty in getting access to areas within the home (having to wait for a member of staff to allow them in). It was stated that at weekends the wait could be lengthy.

Care Plans / Continuity of Care

56% (n=9 care homes) of residents, relatives and visitors felt that care plans were not always followed), and that staff had problems ensuring good continuity of care.

Some of the comments around care plans and continuity of care can be summarised, *'Some [staff] care, some don't', 'I get on with staff, the care is good', 'It's their attitude - some couldn't care less, and others do care', 'It's the good and bad attitude that lets it down'*.

Some relatives also commented on inaccurate record keeping relating to their relatives, and instructions on notes not being adhered to.

Another report commented, *'They don't individualise care and I question if they are adequately trained'*.

On a positive note the following comment was made around care in one establishment, *'Very caring. Every so often they do my hair. They wash it and it's very therapeutic. Generally, they talk to me like a friend not as if carer to client. I get the same staff in the day and different at night. Both are just as good.'*

In one home staff were praised in maintaining the dignity of residents at all times.

Management

50% (n=8 care homes) of the Care Homes had management issues or a new manager in position.

One Care Home had a regional team supporting a temporary manager until a new manager had been appointed. In another, relatives commented negatively about the attitude of the manager. In one, the manager had only been in place for a few weeks prior to the visit by Healthwatch.

Another report stated that it would seem that the home had had problems retaining an experienced manager; efforts to find a suitable replacement had been problematic and the management of staff had been impacted.

In contrast, at another home where an experienced manager had been employed, it was obvious from comments that morale had improved, and both residents and relatives were very positive about the quality and professional level of the service provided.

Another comment around another homes management was made by a visitor to the care home, *'Tonight was the first time I met had chance to meet the new manager. I didn't know officially there was a new manager. Significant new changes should be communicated to relatives. They should make relatives aware as they would be interested to know'*.

In one home, several residents were asked about the management of the home they were in and they all felt that with the right management and changes the home could fulfil its potential.

Additionally, one care home reported that the Owner was not responsive, *'They said I would get a reply in 7 days and that was 60 days ago!'*

On a positive note, in one care home, the following comment was made: *'[Relative] came here following a stroke and is comfortable now. The first year wasn't good but, since the new manager has been here, standards have improved greatly'*.

In another home the comments spoke of positive changes in the home since it has come under new management.

Communication

50% (n=8 care homes) of the homes referred to a problem with communication between residents and their relatives or internal lack of effective communication.

Some of the feedback that was gathered in a number of homes indicated that there isn't (or has not been) a clear communications channel between the home, residents and visitors. For example, visitors stated that they had experienced delays in receiving information from the care home when something had happened to their relative.

To use another example, although one home's policies and procedures are clearly displayed, one visitor stated that they, *'would not know how to complain'*.

Another visitor commented that there was never any follow up to actions.

Food & Drink

38% (n=5 care homes) of the homes commented that the food provided was at a good standard.

Food is an important part of the resident's life within a care home. The following comments show that this is treated well in some homes.

'There was a good rapport between the staff and residents and between the residents themselves'. 'The menu options were good, food well presented', and 'it was obvious that staff took care that each person was given and allowed to eat as much as they wanted'. 'One person needed help feeding and this was done without patronising them'. Another resident was late arriving (had been to the hairdresser) and needed quite a bit of help getting seated at the table and again this was done efficiently. 'The tables were cleared and kept tidy throughout the meal'.

At another home, the dining areas were small and intimate making for a more homely experience. Menus were displayed on each table for the current day.

In relation to the provision of drinks it was reported, *'They make sure I always have a drink and do shopping for me'*. However, in another example it was stated that the only negative here is that *'the building is very hot in summer and I am sometimes concerned about my relative and hydration'*. Increased monitoring of drinks especially in the summer

is required. One resident who we spoke to felt that the meal service on the weekend was worse compared to the service during the week.

Activities

31% (n=5 care homes) stated that activity levels could be better whilst 50% (n=8 care homes) also stated that activities were good.

Activities are very important in a care home to maintain residents' activity levels, with some physical and mental stimulation being built into the daily program. The comments made in the reports show how this is being achieved.

'The activity co-ordinator was excellent providing inclusive sessions and mention was made of one of the kitchen staff who was exceptionally good with residents getting to know their likes and dislikes and interacting with everyone in a very positive way'.

'The work being carried out by the two full-time activity coordinators was very extensive, with some very imaginative ideas. They had enough time to have 'one on one' time with residents in their own rooms which we have not routinely seen in other homes'.

'The activity co-ordinator was highly motivated and enthusiastic. She worked through a weekly plan of activities (on notice board). She also wrote a regular newsletter (again on noticeboard) and arranged meetings for families'.

At another home, it was stated, *'There are two Ambitions Coordinators in post and they provide activities both for groups and on a one to one basis'.* Their enthusiasm and commitment to accommodating and meeting individual needs was very evident at the relatives meeting. There was also a weekly group specifically for men.

A couple of homes also followed a similar approach to this: *'Activities played a large part within the Home and a unique aspect within the company is a "tools down" approach for 30 minutes. This applies to every single member of staff to engage with residents in an activity of some kind'.* Interaction with outside services such as schools on a regular basis takes place and one such activity occurred on our visit. This was attended by many residents and the interaction between the children from a Junior School and the residents was excellent to see. A Remembrance Service took place on the second day of our visit which was well received and attended by the residents.

At one care home, five people told us that the home regularly organises trips out and that staff would take residents across the road to the Bowls Centre for lunch, when the weather allowed. No resident or visitor complained of a lack of activities in the home.

The E&V team also observed that a staff member appeared to instigate an activity in the main lounge spontaneously. Once residents began to join in, two other staff members also took part, to the apparent pleasure of those in the room.

However, in some care homes, representing 31% of the homes visited, most respondents commented on the lack of entertainment/stimulation for residents.

Increasing the level of stimulation and the numbers of staff available were constantly flagged as things that the relatives would most like to see improved was reported at one home.

Environmental Audit

19% (n=3 care homes) reported cleanliness or decoration concerns.

In a number of reports, concerns were raised about the environmental appearance of the care home and its facilities. As an example of this, there were some areas of concern regarding an odour upstairs. Apparently, this was from one specific area and that was being dealt with. There was also a comment regarding the smoking area, which was directly opposite the craft room and maybe consideration could be given to change or relocate this.

In another report, we were aware that work was being carried out while we were there to update the décor and refurbish the communal spaces, examples being that not all residents had door plaques and some of the information on the noticeboard was not current. Additionally, visitors expressed concerns that there were no showers in any of the bathrooms, or wet rooms available.

In some cases, there was also praise for the care home, the overall impression of the building itself was one of being clean, welcoming, and nicely decorated, with the garden being seen as a positive attribute. It was also commented that the new reception area, with a receptionist, made entering the home more welcoming.

Safeguarding

Potential safeguarding concerns were reported to the Enter & View Team in a number of homes. Some of these had the potential be very serious which included drug errors and falls.

A number of care homes were found to have had some quite serious safeguarding allegations. Some of these included 'resident on resident' altercations, serious drug errors, staff 'telling residents off', and staff not following the correct use of hoists, PPE, etc. Enter and View Teams are trained to raise these issues with the care home management to ensure that all appropriate actions have been taken.

Other comments were less serious and related more to care management rather than safeguarding. Staff uniforms were mentioned with staff wearing jewellery, smoking breaks taking priority for staff, and the general appearance of some staff.

One of the other main areas of concern in this area was 'toileting' of residents. A number of reports identified residents having to wait a long time to be taken to the toilet or being left in soiled incontinence wear for long periods.

Hearing aids were also mentioned on more than one occasion where staff had not ensured residents were wearing them or had not replaced their batteries. The use of call bells and staff not responding appropriately was also mentioned.

Conclusions

The biggest issue affecting care homes, that HWNN has visited over the last three years, revolved around staffing, in particular the use of agency staff resulting in lack of continuity of care. Some homes lacked sufficient staff, while others were criticized for the staff's approach when interacting with residents. This was a concern to the Enter and View team who worried what was happening in their absence.

Residents, family and visitors were critical of record keeping and care plans in more than half of care homes visited. This included lack of individual care, lack of continuity of care, inaccurate record keeping, and lack of adherence to the care plan.

Half of care homes were reported as having management issues. For example, problems with retention of experienced managers, temporary managers, changes in management, and not updating relatives of changes. In the homes where management was good, this was recognised, and it was acknowledged that good management made a difference to staff morale and patient care.

Relatives of residents in a number of homes reported delays in communication when something had happened to their relative. Some relatives were not aware of the complaint procedure and others felt that issues raised were not actioned.

Half of the homes were reported as having good activity coordinators, who organised a range of imaginative sessions. These coordinators were also praised for their approach and ability to interact with all residents. This included taking the time to get to know residents and their likes and dislikes. However, activity levels in 31% of homes could be improved, particularly offering one-to-one sessions, improving the range of activities and having sufficient staff to facilitate this.

A number of care homes were found to have had some quite serious safeguarding issues. These included 'resident on resident' altercations; serious drug errors; staff 'telling residents off'; staff not following correct procedure in use of hoists; and residents having to wait a long time to be taken to the toilet, or being left in soiled incontinence wear for long periods. Hearing aids were also mentioned on more than one occasion, where staff had not ensured residents were wearing them or had not replaced their batteries. The use of call bells and staff not responding appropriately was also mentioned.

Recommendations

- Ensure continuity of staff, particularly managers, and where possible reduce the numbers of agency staff
- Improve training in how to complete records and how to adhere to care plans
- Improve timely communication to relatives of changes in residents health and care
- Reduce the number of safeguarding issues and improve safeguarding reporting and follow up of issues