

Enter & View Visit Report

St Catherine's Rest Home, 7th November 2017



Joyce Osei
Frances Martineau
Patricia Braga

“Staff have been good, pleasant and helpful after my wife was transferred here from Whipps Cross Hospital after a fall.

I can visit when I like.”

Partner of Resident

Visit Details

Service Address	St. Catherine's Rest Home, 15-17 Cann Hall Road, E11 3HY
Service Provider	London Borough of Waltham Forest
Service description	A residential care home providing a service for older people and people living with Dementia Provision includes Dementia. Provision for 19 people.
Number of Residents	14 at time of visit
Reason for Visit	Part of programme. This is one of a series of visits to older people living in care homes in Waltham Forest. The purpose of visits is to capture the experiences of people using the service by talking directly to residents, families and staff about their experiences; observe services in action and advise those in charge about how to improve; also highlighting any good practice.
<i>Date and Time</i>	Tuesday 7th November 2017
<i>Status of visit</i>	Announced
<i>Authorised Reps</i>	Joyce Osei, Frances Martineau and Patricia Braga
<i>Declarations of interest</i>	None

Acknowledgements

Healthwatch Waltham Forest would like to thank the service provider, service users and staff for their co-operation and hospitality in hosting this visit. We welcome all contributions to this Enter and View programme.

Enter and View

Enter & View is a statutory power conferred upon Healthwatch by the Health and Social Care Act 2012. It gives Authorised Representatives of Healthwatch Waltham Forest the right to enter and observe publicly funded health and social care services in the borough. Enter & View visits are visits and not inspections. Enter & View visits are used to get a lay perspective on the service concerned and are an opportunity for service users to talk about their experiences with the service. This takes place in the communal areas of the home, as our visits preclude talking to people on their own in their private rooms. A report of each visit is produced which includes any recommendations for change or improvement arising from the visit. This is shared with the service prior to publication. All Healthwatch Waltham

Forest Authorised Representatives undergo training and background checks before joining the Enter & View programme.

Disclaimer

This report relates only to the service viewed on the date of the visit, and is representative of the views of the service users, visitors and staff who contributed to the report on that date.

Background

St. Catherine's Rest Home is small care home situated on a busy road and located predominantly in a residential area. There is a bus route running down the road that the care home is situated in. The home is a small converted residential double fronted unit with a garden, gravel driveway and space for parking of cars. It caters for people with a variety of care needs, including people living with dementia. The home offers a care period of short stay and respite, longer stay, day care and trial visits. It accommodates 19 residents in 18 single and 1 double room. The home accommodates residents who wish to bring their own furniture and choose their room decoration.

Observations

On the day of our visit there was a large skip near the front entrance filled with building materials. The skip was uncovered, this could potentially be a risk if residents were independent enough to leave the premises on their own.

On arrival, we entered the home via a front door into the hallway and was greeted by the registered care home manager. We were introduced to people within the home and shown around. There was no reception area in the building although we were informed that a reception area is being planned in the future. We were told that hallway had recently being fitted with dementia friendly flooring, also new carpets fitted in the bedrooms.

There were a number of notice boards displayed in the hall, both downstairs and up-stairs. There were also notice boards in the main dining/lounge area. As this was an announced visit, Enter and View Posters were displayed on both upstairs and downstairs notice boards and in the main living/dining area. Other notices displayed were certificates from previous CQC visits, Health and Safety and Fire regulations information, procedures for calling an ambulance, covering staff shifts, pressure care of residents, information on pressure ulcers and grades. A factsheet on Safeguarding was also displayed and there was a large montage of photographs of residents and staff taken at the 2016 Christmas festivities. The rest home was clean and bright and we observed a good ratio of care staff to residents, including a deputy manager, senior care assistant and care assistant.

Observations (continued)

The Lounge area had two large TV's situated on opposite walls. Music was played throughout our visit. Residents were able to sit in their bedrooms and watch their own TV's or read if they wished to. Seating in the lounge consisted of height appropriate armchairs which were placed against the walls so residents who were mobile could move around safely. There were also a number of dining tables and chairs. There was a door that led out to the garden that was unlocked, allowing residents to use the garden if they wished. There was a gate in the garden boundary wall which lead into the next door neighbour's garden. We observed that this gate was locked and secured with a padlock. Residents told us that they liked to use the garden on warmer days.

A senior member of staff escorted us upstairs to the first floor and residents' rooms via a lift. A stair gate was placed at the top of the stairs as a safety measure in order to prevent residents from falling. The width of the corridor whilst normal in a family home may present difficulties if the upper floor needed to be evacuated quickly, and the lift could not be used if there was a fire. We observed a number of residents' bedrooms, which were bright and clean. We noticed a chest of drawers in a bedroom on the ground floor had a broken handle, which could be a potential hazard. Residents were encouraged to decorate their rooms with their own personal items i.e. Family photographs, ornaments, etc. Some residents had their own personal TV's and radios in their room, although there was no policy in place as to how old electrical products brought into the home needed to be. We thought this could present as a potential fire hazard.

Staffing

During our visit we spoke with the registered manager of the care home, the Deputy Manager, the Senior Supervisor, two care assistants and the cook. On the day of our visit there were eight members of staff working on shift. The service employs a total of twenty-four staff.

The registered manager told us that they recruit new members of staff by word of mouth, using the local Job Centre and front door enquiries. We were told that agency staff are not used for unexpected staff absences as the staff team are very reliable and willing to work together to cover shifts to care for residents. She also told us that staff were given a full induction, regular supervision, ongoing training and have regular team meetings. The staff we spoke to told us they received ongoing training, in-house and e-learning including safeguarding, medication, dementia, Equality & Diversity, equipment and manual handling, Fire Evacuation/MCA and Deprivation of Liberties (DoLs). Staff also spoke of being clear regarding policies and following procedures, including reporting incidents, record keeping and whistle blowing.

Staffing (continued)

Staff told us they felt management encouraged them to be involved in how the service was delivered. One member of staff told us that through her contribution, a fluid and pressure chart had been introduced for a particular resident. Feedback, whether positive or negative was shared by management within staff and supervision meetings.

When staff were asked about what improvements they would like to see, the replies of two were "staff continuity/consistency" and a longer induction period. Another person said more resources that would allow a mini bus so they could take residents out more.

Resident Care and Staff Responsiveness

At the time of our visit there were fourteen residents residing at the home, all of whom had varying degrees of dementia. Residents told us they felt staff listened when they expressed their wishes. One person said, "Staff are very helpful, treat you with respect and dignity and will help you all they can". When asked whether staff helped them make decisions about their care another person told us "I am able to make my own decisions and if I need help with bathing, I get it". We spoke to a resident's relative, who told us staff had been pleasant and helpful. He said that he felt his wife was happy and liked the food, also, that staff spoke to him and were responsive to his and his wife's needs around medication and overall care.

Most of the residents we spoke to told us that they were comfortable with the care and building facilities. One person told us, "Well decorated. It's lovely, they treat you like royalty. Staff are very caring and you feel safe here". Two people told us that the dining room area sometimes became cramped sometimes, especially at mealtimes or when wheelchairs or walking frames were being used.

The service had a medication protocol in place. During our visit a staff member told us about the storage of medication in the home. We were also informed that at the time of our visit, no controlled drugs were in use. We observed the procedure for the administering and recording of medication given to a resident. The medicines were stored in a locked cabinet in the 'quiet room' just off the dining/lounge area. Controlled drugs were stored inside a lockable tin and stored within the medicines cabinet. There was also a medicines fridge next to the cabinet which was regularly temperature monitored and secured with a padlock. The registered manager told us that the manager and senior care worker were the ones who administered medication to residents. In addition, whenever PRN medicines were administered to residents it was always documented in their care plans.

Resident Care and Staff Responsiveness (continued)

Staff told us that resident's care plans were personalised and reviewed regularly and provided a responsive service by involving residents and their families in the planning of their care. The registered manager told us they had recently revised the structure of the care plans and told us they now include a resident's profile, goals, health, activities, end of wishes and risk assessment review log. Residents told us they felt their privacy and dignity was respected, one relative told us, "Staff have been good, pleasant and helpful after my wife was transferred here from Whipps Cross Hospital after a fall. I can visit when I like".

Staff told us they were trained and aware of the service protocols, including whistle-blowing, incidents and risk assessments. The home operates by using a structure of staff delivering a service on three shifts, morning, afternoon and night. A staff handover takes place at the end of each shift allowing for all relevant information regarding resident care to be communicated between staff. Of the staff we spoke to they had a good understanding of their responsibility to report any allegations of abuse. One staff member told us that they report any concerns such as bruising, or unexplained marks to the manager, completed appropriate documentation and inform relevant services. The service works with other community agencies such in order to deliver care services to residents, including community matrons and district nurses.

The service provides a structured laundry service. The laundry room was located on the ground floor and entry was accessible via a key pad entry door code system in which staff only were allowed into this area. The registered manager told us resident's clothes were labeled and washed using anti-bacterial agents. Any soiled clothing is soaked in boiling water and disinfected in order to prevent cross contamination.

The home had a flexible bedtime approach. Residents also had access to wifi and a Smart TV in the lounge which staff sometimes used to display pictures of residents participating in activities or themed events such as Christmas. When staff were asked what they think residents think about the service, one person told us they thought they were happy because they ensured all residents were involved with how the service was run, including regular service user meetings, encouragement to discuss issues and being involved in the menu planning on a weekly basis. Picture menus are included to help some residents make choices.

The home met resident's religious, ethnic and cultural needs as best as they were able to by developing a partnership with the resident and their family/carers by working together to make them feel as involved as possible. Members from a local church visit the home once a week to pray with residents who choose to participate. One resident told us, "Staff are more than willing to take you to the synagogue if they can, they are very respectful of my religious beliefs".

The home has an open-door policy whereby a relative or carer can discuss any concerns with the shift leader. In addition, the Manager has made herself available the majority of the time should she be needed.

Provision of Care for People with Dementia

The service has recently undergone refurbishment making the environment more de-mentia friendly. The registered manager told us that they supported residents living with Dementia in as much as possible and was always open to improving this where possible.

Staff told us that assessments and ongoing reviews of resident's care plans are made ensuring a resident's wishes preferences and needs are met by making necessary adaptations and other relevant changes accordingly. The service also provides support tools to help residents living with dementia, such as, a live history book and Twiddle Fidget Muff Sensory Aids.

We observed one resident displaying signs of anguish and crying. A member of staff was quick to respond to her in an attentive and engaging manner by holding and massaging her hand. We were told that this resident had been diagnosed with an unknown form of dementia and they were doing everything they could to support her in order to make her as comfortable as possible, including working closely with external agencies.

Communication Between Residents and Staff

We observed a good level of communication between residents and staff that was efficient and caring. We observed staff interacting with residents in a respectful and compassionate manner, this included our observations of communication during activities, lunchtime and whilst residents relaxed in the lounge.

Staff told us that service user meetings were held monthly enabling residents to communicate their needs and raise concerns if they had any. Shift leaders also ensure they make themselves available when on a shift in order for relatives to discuss any concerns.

Residents told us that they felt listened to and their needs met. One person told us "If you need something that's not available, they will try to get it for you. I am very happy here". Another resident told us "The staff are fabulous. I can ask for the room temperature to be changed in our own room, it's no problem".

During our visit we observed communication between the registered manager and a new resident's relative. The relative was offered support and information regarding his relative, this was delivered in a respectful, engaging and caring manner.

Dietary Needs

During our visit we observed the cook preparing lunch for the residents, which included the use of fresh vegetables and fruits. The kitchen area appeared clean and hazard free.

We observed the home's lunch period held the dining area of the lounge. A number of residents needed support with feeding and drinking on a one-to-one basis. This was given by care staff who sat close to them whilst encouraging residents to eat and drink. Care staff treated people in a caring and dignified manner.

The food is cooked fresh daily and residents are given a choice of a main meal. The meal appeared balanced and nutritious. We spoke with relatives and residents about the food they were given and were informed that the residents were involved in the menu planning. One resident informed us that she hated liver and when this was on the menu, she always had an option of another dish. Everyone we spoke to state the food was good and they did not feel hungry or thirsty. We observed freshly baked cake served with afternoon tea.

Residents dietary and cultural needs were taken into consideration; Individual needs are discussed at initial assessment stage, included in their individual care plans and adapted to meet their needs.

During the lunch period, we observed a female resident wandering up and down, going in and out of the kitchen area and disturbing other residents whilst they ate. Both the cook and a care assistant managed the situation efficiently by gently encouraging her to go back to her seat and to finish her meal. One of the residents told us that they enjoyed the food and often got extra portions. Another told us there were drinks and snacks available any time they wanted and could make tea whenever they want to.

Activities

The service employs an activities coordinator who delivered daily activities with the residents twice daily. The lounge area of the home acts as an activities area. On the day of our visit we observed some residents enjoying a mini manicure. Staff told us that residents were also assisted in accessing activities outside of the home also.

The registered manager told us that activities were person-centred and the activities coordinator offered the residents group based activities as well as on a one-to-one basis in order to ensure that activities were tailored to meet their needs and interests. One resident told us, "I like to watch TV and go to charity shops for a good rummage". Another resident told us "I like the activities here and I do like having my nails painted too".

Complaints

The registered manager told us that the home operated an open-door policy and encouraged residents and their families to raise concerns and complaints, they are then dealt with by the management and escalated accordingly if necessary.

Staff told us they were aware of the service complaints procedure and how to put it into practice. One staff member told us that if a complaint is received the procedure is followed, including writing a report, having a discussion with the registered manager, escalating the complaint where necessary. Also, further discussion within staff meetings and supervision sessions took place.

We observed a suggestions box in the hallway near the entrance of the home encouraging feedback from service users.

The service conducts an annual family survey, apart from this and direct access to speak with staff regarding concerns and complaints, there is no regular offer of a forum for relatives to meet together to discuss the service.

Of the residents we spoke to none had any complaints about the service and felt confident to raise a complaint if they were not happy with something. We observed a notice board filled with thank you cards residents and their families.

Conclusion

This was our second visit to this care home. From our observations and interviews with residents and staff during our visit, we found that the service offered a person-centred, engaging and caring service within a relaxed and welcoming environment for those living there. Overall, residents reported to be happy with their environment, level of care and input in the way the service is delivered. We observed staff delivering care to residents in an enthusiastic, caring, compassionate and respectful manner and engaged with residents well.

Recommendations

On the basis of our observation, we would like to recommend the following:

1. To update the existing service user guide for existing and potential service users, relatives and carers. Include key information about discussed service changes within the home such as a revised policy on bringing older portable electrical items into the home.
2. To offer relatives an opportunity to attend service meetings. This could be a good opportunity for others to contribute ideas and help to shape how the service is delivered. We are aware that the registered manager told us that she had previously tried to set up such meetings however, they did not materialise. we suggest that it may become successful by using a different approach.

Recommendations (continued)

3. To ensure any future building work to the home which would require a skip (filled with building materials) to be placed outside the premises is fitted with a skip cover to minimize potential risk to residents who are independent enough to leave the premises on their own.
4. To review and revise the staff induction pack in order to make the service induction more evidence-based.
5. To explore possibilities of working with other local community agencies and form partnerships which would increase the variation of internal and external activities for residents. For example, the National Citizen Service project enables residents, staff, and students to work together on specific projects and have proved to be very successful in other care home environments.

Service Provider Response

I would like to comment on your recommendations: -

1. It is a good idea. I went and had a look at our service user guide. You made me look at it from a different angle, I feel now that it needs a revamp.

I will have to update it and include the information that we have discussed.

2. I will look into it and speak with my deputy manager and staff to see how we can get the family's attending the resident meeting. This is really a good idea. Sometimes a small thing can make a big impact. This is a good way to improve the service.

3. I agree with you on the subject of the skip.

4. I have already started to review the staff induction by introducing how to test staff performance.

5. We recently had a discussion with a local area coordinator to start a project together. There will be a group of mothers and toddlers visiting the home once a week to do activities such as old song and dance etc. Your idea to explore possibilities of working with other local community agencies is excellent.

Distribution and Comment

This report is available to the general public, and is shared with our statutory partners - London Borough of Waltham Forest, Waltham Forest Clinical Commissioning Group, Healthwatch England and the Care Quality Commission.

If you have any comments on this report or wish to share your views and experiences of this or any other care home in the borough, please contact us.

About Us

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“Staff are more than willing to take you to the synagogue if they can.

They are very respectful of my religious beliefs.”

Resident