

Healthwatch Waltham Forest Enter & View Report

# St Catherine's Rest Home

Care Home Series 2014

Thursday 31<sup>st</sup> July 2014

Alli Anthony & Margaret Elias  
August 2014

## Visit details

Service address	St Catherine's Rest Home, 15-17 Cann Hall Road, London, E11 3HY
Service Provider	Mr and Mrs Auckburally
Service description	Accommodation for persons who require nursing or personal care, Dementia, Caring for adults over 65 yrs
<i>Number of residents</i>	15 permanent and 2 for respite.
<i>Reason for visit</i>	Part of programme. This is one of a series of visits to older people living in care homes in Waltham Forest. This programme is to introduce our Enter & View reps and develop their role. We wanted to talk with older people about their experience of living in care homes. We looked at 4 areas - meals, activities, staff responses and complaints
<i>Status of visit</i>	Announced
<i>Date of visit</i>	Thursday 31 <sup>st</sup> July 2014
<i>Authorised Reps</i>	Alli Anthony & Margaret Elias
<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 & 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 publically 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.

### Summary of the visit

We visited St Catherine's Care Home, on Thursday 31 July, from 11.30am to 12.50pm. This home has older people living there, all of whom have varying degrees of dementia. We spoke with 6 of the people living there and with 4 members of staff. There were no relatives visiting during our visit. We were made to feel welcome and notice of our visit was displayed in a corridor with other Healthwatch posters. We looked at the following 4 areas:

- Catering
- Activities
- Staff responsiveness
- Complaints

Our recommendations are based solely upon what we observed at the care home during our visit.

### Description of home and overview of findings

The home, a converted and extended set of two houses, can accommodate 19 people, and at the time of our visit 16 people were living there. The outside of the home mainly accommodates staff and visitor cars. As the care manager was on leave we were greeted by the new owner, Mrs Roo Auckburally, who took over the home in January 2014.

The home had a calm, friendly and relaxed atmosphere during our visit. It appeared clean and internal doors had both written and picture signs on them to orientate residents. Staff were friendly and interested in our visit. It was a hot summer day but cool inside the home as several doors and windows to the enclosed garden were open. The garden looked reasonably well cared for with benches for residents.

We were introduced to the residents sitting in the communal areas and spoke to people in the main lounge and kitchen. We observed staff being responsive and residents informed us they got on well with staff. We observed lunch being prepared. We noticed that some people had made a choice about what they ate and where they ate. The majority of residents were in the sitting room, one or two were in their rooms and one was being taken to a hospital appointment.

All the residents we spoke to had some form of dementia but were happy to engage in conversation with us. Two conversations took place near a television, which proved to be a slight distraction for them when we were talking. We spoke to one resident who was washing up in the kitchen and three in a quieter dining area of the communal space.

## Observations

### Catering

The dining area had small tables at which people could sit, and we were told by one resident that they can sit wherever they like at meal times as there are no assigned seating arrangements. Two residents said that there is a set menu everyday but they have the opportunity to ask for something different if they do not like the meal for that day.

One of the residents said that there is the opportunity to eat the meal wherever they like so they don't have to sit in the dining room if they don't want to. Mrs Auckrubbally told us that one man prefers to remain in his room and take his meals there too. She explained that if residents don't want their dinner or food at the time it is served it is put away and heated up when the resident does want it.

We were told by two staff members that there were drinks and snacks available to the residents at all times. Two residents whom we spoke to had not asked for snacks.

The cook was busy preparing lunch during our visit. She told us she often encourages people who are struggling to eat and that she can make other meals if someone does not like the main choice. One man who was in the home for six weeks respite care felt the food was better at his previous residence and told us that he would prefer to have brown bread at breakfast but only white was available.

The owner of the care home described to us the practical difficulties with catering for different diets in a small home and told us they are struggling to provide halal food. She said that they make every effort to source and provide food for those people who have to have specialised food such as halal or food that was culturally specific e.g. Chinese food. She also told us that dietary preferences were considered and residents were given the option of different food if they didn't like what was on the menu. We suggested the option of buying in frozen halal meals.

We spoke to Mrs Auckrubbally again at the end of our visit. We briefly met Mr Auckrubbally who was taking a resident to a hospital appointment. She mentioned the training the staff had received on giving medication and the home was working with a local pharmacy to maintain standards.

### Activities

Three residents told us that there are no regular activities at the home. One resident said there are very few activities, and he has not joined in any, although we were told he has short term memory problems.

Two residents said that they both enjoyed watching television and had access to the remote control so could change the channel and adjust the volume as

necessary. One resident told us that they have a television in their room so if they want to watch quietly they just go to their room. We observed that one of the residents enjoyed cleaning the table mats in the dining room and generally helping out at meal times.

The residents we spoke to were unaware if there was a resident's panel but one knew there was a notice board with information on it. During the visit we did not ascertain if there was a resident's panel at the home.

The owner told us that she recognised the setup of the communal area was not ideal as there was no space for private conversation with relatives or just to have quiet time, but having recently taken it over they were making improvements to the home gradually. She said she does take into account residents' views and suggestions and was thinking about having a barbeque, as suggested by one of the residents.

Although there are no regular daily activities, the staff play games with the residents who want to play. We observed a list of events taking place at the home, displayed in the sitting room and the manager's office, including a twice monthly seated exercise session facilitated by an external company. Photos of previous events were on display including a cake making session. We observed a staff member setting up a game of draughts with a resident and both said they would play by the "French rules". One resident told us that she enjoys knitting in the home after she has finished her domestic tasks. She also said she enjoys doing her own ironing.

A staff member told us that the mobile library calls to bring books, although this has not happened for a while. She brings in newspapers for those who request them on her way to work.

### **Staff responsiveness**

Three residents said that the staff were very friendly and helpful and listened to what they had to say. They felt that the staff cared about them as individuals and respected them. Two residents could not comment on this but we observed them interacting well with staff.

Two residents said they were aware of the call buttons in the lounge areas and knew they had them in their rooms as well, although neither had had an occasion to use the facility.

We were told that staff give out medication if necessary; one of the residents said that it was good they didn't have to remember to take their medication as the staff would make sure they had it.

Three residents were aware that they could have the laundry done at the home or by their relatives and all residents we spoke to were wearing their own clothes.

The owner described to us a current dilemma, a new resident wants to go to the mosque for Friday prayers but all the staff are female so are unable to accompany him. Her husband has taken him when he is free, but they cannot guarantee this arrangement to the family. She also told us about a local Christian church group that comes once a week to sing and pray with those residents who wish to participate.

One resident told us that nearly everyone in the home gets on well and she does not hear “moaning and groaning” from anyone. Another told us that he finds it difficult that another resident has taken to spitting in the sitting room. He felt the staff were polite.

The owner told us that many of the staff have worked at the home for years and this provided continuity of a good service to the residents. She ensures they all keep up with the training requirements and she has found staff responsive to change. One staff member we spoke to had been at the home for 23 years.

The owner told us she is aware that the home is in need of some redecoration and repair. Since arriving in January she has replaced the kitchen and refurbished four bedrooms. She is looking to make a double into a single room, replace the existing bathroom with a wet room and re-carpet the communal area. She told us how the existing patterned carpet can be confusing for many of the residents who often mistake the pattern for objects which they try to pick up. She told us that refurbishment is not without its difficulties as they need to minimise disruption to residents and ensure their safety when workmen are in the home. She said she is currently struggling with an office that is too small making effective record keeping and private conversations difficult. Client records were kept in a locked cabinet but records such as staff training, policies and medication records were on open shelving.

### **Complaints and comments**

Of the residents we spoke to none had had any reason to make a complaint thus far but three said that they would talk to a member of staff if they had a complaint to make. We did not observe a complaints policy on display. The owner told us said that residents are very vocal when it comes to making complaints and they know they can raise a complaint with any member of staff.

When asked what was the best thing about living in the home two residents said the friendly atmosphere and how everyone got on with everyone else. Those we spoke to could not think of any improvement they wanted to the home at the time of our visit.

There was a large clear clock in the sitting room but this was stopped at the wrong time.

## Conclusion and Recommendations

Overall, staff we observed interacted positively with residents and knew their individual needs. They were friendly, respectful and welcoming. Residents appeared contented although most were not active during our visit. We saw a number of things that could be improved and our recommendations are:

1. A more varied activity programme could be provided, perhaps to include one to one life story work now that staff have been trained in this area.
2. The home manager needs an office that is fit for purpose and can provide a private space for discussions with staff or relatives. Better storage is recommended for all the files in the office.
3. Better use could be made of the garden space with tables and umbrellas, activities out of doors and space for residents to plant things in raised beds.
4. Replacement of the communal area carpets, which can be confusing for residents with dementia, should be a priority.
5. Specialist dietary preferences, such as halal meals for Muslim residents, should be accommodated at all meals.
6. The home could display a comments and suggestions book for families and residents to make their views known and the complaints procedure could be displayed and easily accessible to all.
7. All clocks should be fully working and set to the correct time.

## Service provider response

Sorry for such a delay in responding to your comments.

We appreciate your comments,

I was not here on the day of your visit. The new owners have tried to make improvements in the office but space is limited. There are now lockable cupboards on the wall, no filing cabinet, leaving more floor space.

We do keep Suggestions and Complaints paperwork at the front door usually, this is often removed by people `tidying up`.

We cater for the individuals needs and preferences of residents at all mealtimes. Also involving the dietician. One client who takes a halal diet has firm ideas about what he likes and dislikes. At every meal he will stand and observe what is being cooked. The halal food is bought for him and stored separately.

The carpets are will be replaced but needs careful consideration, what is best for the residents who live here. This will also be a very expensive purchase.

You are correct about the clocks, they all seem to lose time or gain! New clocks have been purchased for all rooms ...we shall see.

We have a lovely garden and new tables and chairs should be purchased, hopefully for next spring.

We have been enjoying a dementia activity programme WHELD and have all been reminded that 5 or 10 minutes of meaningful interaction between staff and residents, and resident to resident is so much more beneficial than an hour of unfocused activity.

Until your next visit, when hopefully I will be on duty

yours

Lavinia



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.

**Healthwatch Waltham Forest**

Unit 15, Alpha Business Centre | 60 South Grove

| London | E17 7NX

Tel 020 3078 9990 |

info@healthwatchwalthamforest.co.uk



[www.healthwatchwalthamforest.co.uk](http://www.healthwatchwalthamforest.co.uk)

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