Carlton Dene Elderly Resource Centre

Westminster City Council

Assessments carried out from February 10th-14th 2014

1. Introduction

In April 2013, Local Healthwatch was established under the auspices of the Health and Social Care Act and became the successor of the Local Involvement Networks (LINks).
Healthwatch CWL is the new independent consumer champion for health and social care services and has over 4,000 members who share a passion for improving these services across the London Borough of Hammersmith and Fulham, the Royal Borough of Chelsea and the City of Westminster.
Healthwatch Central West London (CWL) is keen to build on the great work of the LINk Dignity Champions and has continued to build on this legacy in the transition. Our Dignity Champions' key priorities are to listen and understand the views and experiences of local residents, and to speak up about dignity to improve the way services are organised and delivered. The Healthwatch CWL Dignity Champions follow the 10 standards set out in the Department of Health's 'Dignity Challenge[1]'.

The Dignity Challenge

High quality care services that respect people's dignity should:

1. Have zero tolerance of all forms of abuse
2. Support people with the same respect you would want for yourself or a member of your family
3. Treat each person as an individual by offering a personalised service
4. Enable people to maintain the maximum possible level of independence, choice and control
5. Listen and support people to express their needs and wants
6. Respect people's right to privacy
7. Ensure people feel able to complain without fear or retribution
8. Engage with family members and carers as care partners
9. Assist people to maintain confidence and a positive self-esteem
10. Act to alleviate people's loneliness and isolation

[1] http://www.dignityincare.org.uk/Dignity_in_Care_campaign/The_10_Point_Dignity_Challenge/

2. Background to the assessment process

Carlton Dene Elderly Resource Centre is a care home for older people and those with dementia. It houses 42 residents and is divided into four units: Snowdon, Hyde and Regent (all providing long-term care) and Victoria (which provides respite care). The centre used to house a day centre but this has now closed down and moved elsewhere.

Nine Dignity Champions visited the home on three separate days to assess standards of dignity in care for its residents.

The Methodology

The assessment was carried out using four methods:

1) Observation
2) Interviews
3) Conversations with staff members
4) Documentation provided by the home

1) The Dignity Champions recorded their observations relating to areas such as the environment of the home, mealtimes, activities and staff communication with residents on the specially designed observation tool.

2) Interviews were conducted with residents who were happy and able to participate. These were recorded on the interview tool.

3) Informal conversations were conducted with a range of staff members on duty at the time of the visits.

4) The Dignity Champion Facilitator attended a meeting with the Activities Co-ordinator two weeks prior to the assessment and was given a brochure for the home and a copy of a recent CQC report.

The Assessments

Assessments took place from February 10th-14th, as follows:

- Monday 10th February 9-11am
- Wednesday 12th February 1-3pm
- Friday 14th February 5-7pm

3. Findings

Environment:

Most aspects of the home's environment presented a mixed picture to the Dignity Champions with some areas of concern. The décor was rated as either acceptable or poor by most of the Champions. One person described the décor as 'tired'. Communal areas were described as 'sad' by one of the Champions and in need of redecoration. This person pointed out they were not unpleasant but in need of some TLC. Several Champions noted nails on the walls that appeared to have been used for decorations in the past but now just remained there unused, as well as blu-tack stains. Someone said the furnishings needed modernising; one person commented on worn carpets. Two people pointed out that the curtains were badly hung. A more positive perception was expressed by one Champion: 'generally the décor was uncluttered and reasonably homely with framed pictures.'

Lighting in the home was generally rated as acceptable. One Dignity Champion thought there were a lot of windows, giving the place a 'light and airy feel'. Another felt that there was not enough light in some corridors. Overall ratings of cleanliness varied from poor to excellent. It was pointed out by a couple of the Champions that spillages were not cleared up straight away.

Most bedrooms were furnished with personal touches which was praised by the Champions. However, it was noted that several beds were unmade. Linen was described as 'not all up to standard' by one Champion. One bedroom was observed in a bad state with poor décor, tissues on the floor and an unmade bed. Another bedroom floor was worn out and had a strong bad smell.

Some Champions rated the outdoor area highly. Praise included 'beautiful garden with nice chairs and tables'. However one person felt it was lacking in flowers and shaded places to sit.

Odour was recorded as a problem by some of the Champions. Some said it was poor in the toilets; another noted that 'certain areas smell of urine'. A bad odour was also reported in the corridors around a dining area.

In general the home was felt to be tidy and clutter-free. One Champion noted some clutter stored in one of the communal rooms.

The reception was unmanned at one point during the visits. An ambulance arrived to take a resident to hospital but apparently the person in charge of the reception was distributing medication. This raised questions about residents' security if the front desk was not always staffed.

The upstairs ceiling was leaking and a bucket was there to catch the water. There were damp stains on the walls.

Healthwatch CWL is aware of plans to re-develop the home later this year.

A few comments were made about music in the home. On one occasion the rock band Queen was being played in a communal area and this was felt to be a potentially inappropriate choice considering the age group. Music was also playing in the dining room during one mealtime and one of the Dignity Champions questioned whether it could have hindered communication between staff and residents. On another occasion the same Dignity Champion described music playing in a dining area after lunch as being 'too loud and modern' and seemingly inappropriate as residents were having a post-lunch nap.

Bathrooms:

None of the bedrooms have en-suites; however they are furnished with sinks. There was not always a choice for residents of whether to have a bath or a shower as on the ground floor there were no showers, only baths. On the second floor it was noted there were lots of bathrooms.

Reports on the cleanliness of toilets and bathrooms varied. One Dignity Champion felt overall they were 'very clean'; another said they were 'quite clean' but noticed a 'strange odour'. Another said some were out of order on the day of a visit. At one point a mess in a toilet on the Snowdon unit was reported by the Champions and although staff said it would be cleared up straight away, it had not been dealt with 20 minutes later. It was noted that the bathroom in the respite unit was dirty and smelly with urine on the floor.

Privacy:

Generally staff members appeared respectful of residents' privacy, knocking on bedroom doors before entering. However, there was one occasion where a member of staff did enter a bedroom without knocking.

Eating and Nutrition:

The Dignity Champions' impressions of mealtimes presented a mixed picture. A menu displayed on a whiteboard was messy and chaotic in appearance on one of the units. The writing was small in places and could have been hard for the residents to read. On another unit the choices were displayed a bit more clearly on the board. There were two main options for hot meals at lunchtime but only seemed to be the option of soup and flan for supper.

The Champions attended during one breakfast which was described as 'basic', comprising porridge, cereals, toast and tea. One Champion thought the porridge looked cold. However, at other mealtimes food was perceived to be at the correct temperature. Other meals the Dignity Champions observed included sandwiches (which one Champion thought looked 'a bit dry') and sausage, mash and vegetables with ice-cream for dessert (felt to be a balanced meal).

Apparently special dietary requirements are catered for by special arrangement with the chef. One lady who did not eat pork said she was happy with the food available to her.

Serving times of meals was a concern for the Champions. One felt that 9.45am was very late for breakfast. The lunch attended by the Champions did not finish until 2.20pm while the supper observed started at 5pm. This seemed very early for supper and meant residents had only two and a half hours between lunch and supper. This would also mean a very long time for residents to wait between supper in the evening and breakfast the next morning. It was questioned whether residents always have long enough to eat their food: on one occasion a lady was rushed by a staff member and plates around her were cleared while she was still eating. One Champion said there was only 20 minutes allowed for supper in the evening.

The manner of a staff member during one mealtime was a worry to one of the Dignity Champions. Apparently this worker spoke loudly to residents over their heads from behind where they were sitting. When they did not respond, rather than addressing them individually and by their names, she only repeated herself louder and louder. At one point she nudged a gentleman on his upper arm 'quite sharply' while repeating "ice-cream?" Again, while asking if anyone wanted a drink, the same worker said "drink, do you want drink?" as a general statement rather than addressing people individually and giving a choice of drinks available. Eventually she mentioned tea to one resident and this person said that they would like a cup of tea. The manner of this worker was described as 'off-hand and impersonal' towards residents although the worker was quite courteous to the Dignity Champion.

Water was not always obviously available at mealtimes which was a concern. At one point it was kept on a sideboard but not provided on individual tables. Another time, water was not provided at all until the time of the dessert. It was felt residents should have the opportunity to have as much water as they wanted and jugs should be available on individual tables throughout mealtimes.

Apparently there is no official policy on monitoring how much residents have eaten after each meal. Staff in general were thought to have an awareness of what people had eaten. On one occasion a lady did not want her meal and was offered ice-cream instead. The suitability of this was questioned by a Dignity Champion who was told by staff that they can't force someone to eat something they don't want although they do try to encourage them. It was questioned whether there is enough choice for residents to find something they like though.

Sometimes residents were visibly being assisted with eating their meals. However, at times they did not receive necessary assistance. One lady at breakfast had her head in her bowl and was slurping milk out of it; she was not offered any help until staff noticed one of the Dignity Champions was watching. One other occasions people were observed waiting for assistance. One worker seemed to be trying to feed a resident a meal while the person was falling asleep. Napkins sometimes seemed to be provided at mealtimes and on other occasions not.

One resident seemed to be eager for company at a mealtime but had no one to talk to apart from the Dignity Champions. She sat alone throughout the meal.

One Dignity Champion describe the dining areas as 'clean, light and airy' and a 'very nice cosy size' with plenty of room for staff and trolleys to move around. Kitchens appeared 'clean, ordered and uncluttered'.

One man said snacks are not always available. It was unclear what would happen if someone was hungry at night-time.

Residents' wellbeing:

There was a complete absence of activities taking place at the home during the time of the visits. No activity timetable was displayed. A staff member said activities are only scheduled twice a week anyway, on Mondays and Thursdays. Pictures of activities on display were all out of date. One man said the activity room is never used. Although staff members said lots of activities take place there was no evidence of this. Apparently some people attend a church service outside the home; it was unclear if people of other faiths have the opportunity to attend places of worship. There are no places for prayer or meditation inside the home although a priest apparently comes to conduct a service. There was very limited evidence of the home interacting with the wider community. Apparently a local school visits at Christmas and there are bi-monthly visits from a local Islamic school. Volunteers are also supposed to visit regularly. One resident confirmed she is visited by a volunteer twice a week.

Staff members said there are not many activities outside the home because most residents have 'deteriorated.' Apparently there are three barbecues each year in the garden and park visits also take place.

It was suggested that activities may have declined since the closure of the day centre which was located at the home until around a year ago.

One resident said she likes to go out but doesn't. It was not clear if she has the opportunity to do so.

Two residents said family and friends are made to feel welcome at the home.

A hairdresser was attending during one of the visits. Apparently a doctor comes every Friday.

A modern television was available in one of the communal areas; however, it was felt that the seating arrangement (residents seated around the edge of the room) might mean they were not really close enough to be able to see it.

After a lunchtime meal many of the residents went for a snooze in the armchairs around the edge of the room. However, it was commented that these were not very supportive of their head and neck for the purpose of a snooze and many people ended up with their heads leaning forward. One resident had very swollen legs and it was felt staff might have elevated her legs for the sake of her circulation. A staff member did however put her slipper back on when it fell off her foot.

All residents' rooms have their names and the names of their keyworker on the door. This was felt to be a good idea so long as they were up to date. On one noticeboard a list of internal numbers was dated 2007. It was questioned whether this was still up to date. This board also noted a staff meeting at 2pm on a Tuesday once each month but one of the Champions questioned whether staff would be able to attend this seeing as lunch had not finished until 2.20pm on the day of the visit. Another noticeboard had an old and faded article about calcium pinned to it. The Dignity Champion felt this would not be very readable or relevant for residents.

Residents were described as looking bored and there did not seem to be much for them to do most of the time except watch television, go to their rooms or sleep.

Staff and communication:

Some Dignity Champions were positive about staff body language and communication with residents. Staff were described as 'pleasant and caring', 'helpful', 'generally good', and 'very attentive and friendly'. One resident was observed sharing a joke with staff. One Dignity Champion felt staff were generally good at using residents' names and engaging with residents in a 'personal, discrete way'.

However, there were times when some staff members were felt to be impatient with residents. On one occasion a staff member apparently 'screamed' at a resident because she would not take her pill. On another occasion a worker was shouting to a resident "come to your room!" when the resident did not want to go to their room.

One Dignity Champion said a staff member said not to speak to them because they were giving out medication; it was felt their manner in saying so was poor.

On another occasion a worker was seen shouting at a resident to wake them up.

Another staff member shouted at resident to "come here". The resident said "I want to be next to my daughter". The worker replied "that is not your daughter but a friend". It was felt this situation could have been dealt with more sensitively.

As already discussed in the 'Eating and Nutrition' section of the report a worker was communicating loudly, impersonally and perhaps even aggressively with residents during a mealtime. There was also an incident following a mealtime when an elderly lady was trying to do her cardigan up and was asking for help. However, no staff members seemed to be about to notice her. She then fell asleep and her nose started dripping very obviously into her lap. Even though a worker saw her he continued tidying around her and did nothing about her nose. It wasn't until a resident went over to her, seemingly concerned about her nose, that the worker went to get some tissue, still in a very unhurried manner, and finally wiped her nose, perhaps not as sensitively as might have been hoped.

One female resident was apparently distressed about ‘lost keys’; a carer was alerted by a Dignity Champion and the person was escorted back to her room. Apparently this happens every day and the Dignity Champion wondered whether she can be assisted in a more long-term way. This Dignity Champion felt the home was more geared to ‘immediate management’ rather than the individual needs of residents.

On other occasions staff were more attentive to residents’ needs. For example, a man wanted to go for a lie-down and was escorted immediately.

It was pointed out that the home seemed understaffed at times.

One person interviewed said the thing they least liked about the home was the staff. Other residents said the staff are nice and speak politely. Two people said the staff are ‘not always’ patient. One of these people said the staff apologise later for this.

One resident said she liked the fact staff are always available. However, someone also said that staff do not always respond quickly to call bells at night-time.

4. Conclusion

The Dignity Champions’ overall impression of the Carlton Dene Elderly Resource Centre was that the home needs some serious attention. The physical appearance needs modernising and refreshing with plenty of room for more homely touches and lively and engaging information on display. The approach of the home towards the long-term wellbeing of its residents requires some careful thought. At the moment there is little to engage and stimulate the residents; the absence of activities was a real concern to the Champions. For a home that cares for people with dementia, there is little to support dementia sufferers and sometimes staff interactions with residents were inappropriate and insensitive. Staff members commented that lots of residents have deteriorated during their stay and the lack of activities may play a part in this.

There were some positive aspects to the home and some staff members interacted well with residents and were attentive to their needs. However, the impression was of ‘limited aspiration’ on the part of the staff, as one Dignity Champion put it. Enthusiasm and commitment is required to gear the home towards the needs of its residents, invest in their long-term wellbeing and make it a place that stimulates, engages and supports them, as well as providing a homely atmosphere.

Whilst renovations are planned, we strongly suggest the Resource Centre considers and acts on the majority of our findings in the short term. Recommendations for this are given in the following section.

5. Recommendations

Environment:

1. The décor of the home needs to be modernised, ideally in the following ways: bedlinen and furniture to be replaced; walls to be repainted; attention paid to communal areas to make them feel more homely and cheerful; carpets to be replaced. This may not all be possible at once as renovations are planned but updating should be started as soon as possible and as part of the ongoing project.
2. Make sure residents' beds are made promptly; staff should keep an eye on residents' bedrooms to ensure they are clean and tidy.
3. Look at planting things in the garden to make it more colourful. Perhaps a gardening activity would appeal to residents and support involvement.
4. Address odour issues. This may be by better ventilation, cleaning more regularly or changing bedlinen more frequently for example.
5. Ensure the reception desk is always staffed.
6. Think about music being played in the home. Residents could be consulted about what they would like to hear. Make sure it is played at an appropriate level and enhances the atmosphere rather than hindering communication.

Bathrooms:

7. Look at installing showers on the ground floor so that all residents have the choice of a bath or shower.
8. Ensure bathrooms and toilets are regularly checked for cleanliness and any mess is addressed without delay.

Eating and nutrition:

9. Look at presenting the mealtime noticeboard more clearly and attractively. Make it user-friendly and nice to look at. Clearly and legibly display choices.
10. Ensure residents' food preferences are taken into account on the menu. Introduce more than one choice at supper-time. It may be better for residents to have a lighter choice and a hot meal option at both lunch and supper. If anyone is not eating, make sure there are things they like on the menu. Consult residents about all of this.
11. Look to evenly space meals so they are not too close together. Ensure snacks are available outside of mealtimes and residents know this. Make sure residents always have enough time to eat their food and are not rushed.
12. Water jugs should be place on all tables throughout mealtimes. Staff should help residents to refills.
13. Staff members should attentive to those residents who need help with eating and offer timely, discrete and caring support to them.
14. Ensure napkins available at all meals.
15. Mealtimes should be made into a sociable occasion for residents. People should only sit on their own if they want to. Staff should make the effort to engage with anyone who is alone. Perhaps volunteers could be invited at mealtimes to help with this.

Residents' wellbeing:

16. A new activities programme needs to be introduced with activities taking place on a daily basis. Residents should be consulted as to things they would

enjoy. Activities geared to dementia sufferers should be included such as reminiscence games. Activities should not be cancelled unless in an emergency.

17. More outings should be planned outside the home. Pub visits, seaside trips in the summer and shopping visits could be some ideas. Again residents should be consulted on their preferences. The home should build better links with other local organisations offering activities for older people or those who might like to visit the home. These should be promoted on noticeboards, at meetings and in personal plans.
18. New nap-friendly chairs could be considered.
19. Dementia puzzles could be made available in communal areas for staff to use with residents
20. Noticeboards should be updated with lively, engaging and interesting information that makes residents feel part of the home and its local community.

Staff and communication:

21. Communication training may be helpful for staff with a focus on supporting people with dementia. Residents should be addressed as individuals and given lists of options to help them make choices. People should never be touched in an aggressive manner; only in a sensitive, caring and respectful way.
22. Staff members and keyworkers should make the effort to address any recurring issues or concerns for residents and see if there is anything they can do to alleviate the problem or support the person.

6. Contact

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