



Farm Lane care home, Fulham

Care UK

Assessments carried out from April 23rd to May 1st 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 3,500 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

Farm Lane is a residential care home with nursing care for older people which is split into three floors. On the ground floor a rehabilitation unit provides 14 beds with a rehabilitation gym. On the first floor there are a further seven beds for rehabilitation patients as well as 19 rooms for palliative care and respite care. The second floor is the dementia unit with 26 beds.

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
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- 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 made a pre-assessment visit to the home and was provided with a brochure for the home, sample menus, flyers detailing doctor and chiropodist visits, along with a hairdresser price list.

The Assessments

Assessments took place from April 23rd to May 1st 2014, as follows:

- ◆ Wednesday April 23rd
- ◆ Thursday April 24th
- ◆ Friday April 25th
- ◆ Monday April 28th
- ◆ Thursday May 1st

3. Findings

Environment:

The Dignity Champions' impressions of the environment of Farm Lane, including factors such as décor, furnishings, odour control, gardens, cleanliness and tidiness, varied quite a bit. One person described the home as 'spacious' with large rooms. Another noted a lounge area as 'nice and bright' with a decent-sized television. Some rated the décor highly with one Champion describing it as 'well painted'. One person described the gardens as 'very nice and spacious and well taken care of'. The home was generally felt to be safe and secure.

However, other reports were less favourable. Two Dignity Champions did not like the décor in certain parts of the home. One described green walls as 'unappealing'. Odour control was a particular problem. One Champion rated it as 'unacceptable' and there were many reports of bad smells in different parts of the home. One person noted a bad smell from the approach route to the home, another noted a 'strong urine smell' on the second floor, someone else commented on 'unpleasant smells' in general. Another person said the odour was particularly bad in one of the sitting rooms.

Positive points were made about communal areas. One Champion liked the quiet room that was on offer in the rehab unit with its comfortable chairs. Another commented on specialist chairs in another lounge area offering foot supports and assisted lifts. Bedrooms were felt to be spacious with plenty of room for wheelchair users. Hand sanitisers were located throughout the home.

There were some problems with cleanliness and the general state of repair in the home. A ceiling leak was noted in the rehab unit. One Champion described floors as 'sticky, dirty, uncleaned'. There was some scratching on the walls which may have been caused by wheelchair users and was noticeable around bedroom doors. Used tissues were observed on one of the sofas. One Champion said the home 'could be tidier and cleaner'. Apparently the lounge on the ground floor was in need of hoovering. One resident reported a dirty pillow. Other Dignity Champions were more favourable about the cleanliness of the home.

Bathrooms:

The bathrooms and toilets received mostly negative reports from the Dignity Champions. One person described 2-3 of the toilets they observed as 'filthy' with leaks and damp. Another described them as 'very poor and smelly and need repairing from leaks'. One Champion noted that one assisted toilet had water dripping from above the cistern with a bucket to catch it placed on the cistern; apparently this had a foul smell and the toilet was 'unusable'. Other people noted dirty toilet seats, loo paper left on the floor, bad smells and damp patches. Some were also being used as store rooms and were cluttered with equipment. In one bathroom four chairs, bins and brushes, a floor polisher and some brooms were all being stored and the Champion felt it would be 'unusable'.

A few of the Champions found the toilets and bathrooms to be more acceptable. One Champion noted some facilities had been recently refurbished.

Privacy/personal care:

Dignity Champions observed staff members knocking on residents' doors before entering their rooms and this was confirmed by several residents. Do-not-disturb signs are not provided to residents apparently owing to safety concerns. However, lights above residents' doors indicate when the resident is having personal care and needs privacy. It seems this does not always ensure residents' privacy, however, as one resident described a male assistant standing in silence while she was having her bottom cleaned and contractors entering the room when her personal care was being given. This made her feel 'uncomfortable' and was concerning to the Champions. Other residents interviewed at the home felt their privacy was better respected.

One resident reported that she once had to wait for an hour and a half after telling an assistant she needed to be cleaned personally. This person felt there was 'no dignity at all in the home'. This resident also noted that the water used for personal washes was lukewarm by the time it got to her.

Another resident pressed the call bell 5 times while the Champions were visiting and it took around 10 minutes for a member of staff to attend to them. Another resident needed help to the toilet but there was no one around to help and one of the Dignity Champions had to notify a staff member.

Other residents reported that they were able to choose what help they received with their personal care, that they could use the toilet in private when they wished, that the call bell response time was 'quite good' in one place and 'reasonable' in another.

However, another resident worryingly reported they had been told not to ring the call bell for a change of incontinence pad and had apparently been told that staff would come at designated times. A staff member had apparently said if they pressed the call bell enough the police would come. This person has since stopped using their bell. This resident (and their family member) chose not to escalate this concern

Eating and Nutrition:

Sample menus showed that residents are offered a choice of two main meals at lunchtime, along with two vegetable options and two dessert options. For the evening meal there is a soup along with one main course option and one vegetable option. The menu presents a diverse selection of food. The only observation is that the vegetable option with the evening meal, which is often potatoes, could be too stodgy along with a main course such as pasta, and perhaps a green vegetable or salad option would be nice too. A vegetarian and halal option is apparently also available; one resident who was vegetarian says she always receives the

appropriate food. Apparently staff members speak to residents before mealtimes to find out what they would like.

Food generally appeared to be the correct temperature. It was served at an appropriate time and residents were given plenty of time to eat. Mealtimes are flexible with residents arriving at different times. Portions were described as large by one of the Dignity Champions and by one of the residents; it was unclear whether residents had a choice over their portion size. Apparently residents are screened for nutrition and weighed regularly although the Dignity Champions did not see direct evidence of this. Staff were seen to be noting down what residents ate when they had finished their meal.

Food was seen to conform to the Eatwell Plate and to provide a balanced diet. One Champion described it as 'well presented', another as 'good'. Someone else said presentation 'could have been better' but was still good.

At one mealtime, only a glass of juice was available to residents and no water was provided on the tables. Water was available at other mealtimes. The relative of one resident told the Champions she was concerned about a 'lack of fluids' in the home. Apparently a jug of water is left in the bedroom but is not offered or encouraged.

One Dignity Champion said the tables were kept clear and uncluttered during mealtimes.

During one mealtime a resident requested a sandwich and a cup of tea and was given it quickly.

Two residents said they were happy with the food at Farm Lane. Another said the food is 'awful'. She said it is cooked from chilled and 'there is no menu as such'.

Residents' wellbeing:

According to a timetable displayed at the home, a range of activities are available such as newspaper discussion, armchair exercises, pampering, a quiz, board games and poetry. However, these were not directly witnessed by the Champions. One resident said that they did not know about activities at the home. When asked whether they can choose what activities they do, another resident said they are allocated activities if they refuse to take part. One resident said they were encouraged to use the gym at the rehabilitation unit but there was not a lot to do in the day. Someone else also used the gym and said that the physiotherapist is good but this person also said there are few activities on the short-term ward. However this person felt there was enough to do, saying there is 'always TV'.

Another dignity champion witnessed the activities coordinator playing a game in the lounge, interacting with all the residents and encouraging others to join in.

Apparently the occupational therapist takes some residents out of the home for outdoor mobility exercises.

Residents are encouraged to have their own mobile phones and can apparently request phones in their rooms. One resident said a newspaper is available each day if desired.

Apparently there are two church services a week in the home and residents can attend other places of worship accompanied.

Photos of residents are posted outside each bedroom with their name on. However, one Dignity Champion said some were missing. Residents are able to furnish their room with personal possessions. However, one Champion felt that personal possessions were 'too limited' and in one case a resident did not have any personal possessions at all in their room. Others had photographs and flowers.

All residents asked said that visitors are made to feel welcome.

There was no evidence on display of the home interacting with the wider community.

One resident said they were lonely, another said it varies from day to day, a third person said they were not lonely.

One resident's Housing Benefit and Disability Allowance had been stopped but felt she had no advocate to help her in the home.

A carer told a dignity champion of an incident in 2013 where their relative was supposed to be turned over every four hours (instructed by the OT) supposedly these instructions were not followed which resulted in the relative being admitted to hospital suffering from bedsores as well as dehydration.²

Staff and communication:

Dignity Champions got a mixed picture of the way staff members treated residents and interacted with them. Positive comments of staff members by the Champions included 'great, helpful', 'lovely and very caring', 'caring, encouraging', 'informative, friendly'. One man who was described as quite challenging towards a staff member was spoken to with 'kindness and patience'. In general staff were felt to be listening to residents and touching them in an appropriate way when communicating with them.

However, some staff members were not well perceived by the Champions. One staff member was described as 'very rushed, abrupt', another was thought to be abrupt towards a resident who was upset in her bedroom. One Dignity Champion said on the whole staff seem helpful but there is 'not much interaction'.

One resident described staff as 'very polite' and said 'they put themselves out for us'. This person felt the staff had got to know them very well as a person and that staff take the time to talk. Another resident felt they were treated politely by staff. When asked whether staff were always patient with residents, the person

² Incident reported to management of Care UK and H&F ASC

replied it depends and said how well the staff got to know you varied between staff. Another resident said staff had got to know them 'not that well'. This person said that staff 'sometimes' listen to their needs. Apparently the resident had asked a staff member to change an incontinence pad and had initially been refused but when the resident said to feel it the staff member had obliged. When asked whether staff realised that they were lonely, the resident said 'they are busy'.

One resident was particularly critical of the staff. She said she suspected that some of the night staff on duty were asleep, that the nurses get braids done through the night shift and felt that 'someone here really hates me'. She said that hoisting is 'dreadful and uncomfortable' and that the staff should have better training around this like they do in NHS she has heard staff members shouting at a resident who has dementia. A relative of a resident with dementia stated that on one of her visits to the home, she observed a staff member sleeping in a room.

This resident also said that staff members do not always speak English when attending to her. It was noted by Dignity Champions that some staff members did not speak much English and could not understand their questions. One Champion reported that at least three staff members had 'little to no English'.

A visitor of the home explained that the lack of interaction between staff and residents is one of the major problems at the home. One resident said that staff members greet residents and are kind but don't have time for long chats.

On one occasion a manager was overheard telling staff members to 'smile/be kind to them'. It was unclear whether this was in reference to the residents or the Dignity Champions. The Dignity Champion who overheard it felt it sounded a bit suspicious.

Comments and complaints:

There did not seem to be a comments and complaints box at the care home. One resident said they would complain if they needed to and felt it would be pursued properly. However, another resident did not know whether they would complain if they were treated badly, nor whether the matter would be pursued properly, while a third would only complain to a family member and felt it could affect her place in the care home if she complained.

One resident was too upset to speak to the Dignity Champions. Her sister said she is very unhappy with the service she has been receiving.

Another resident was particularly unhappy with many aspects of the service. She said there is 'no dignity at all' in the home and she worries every day. Apparently a manager had implied that if you complain too much you are removed from the home.

A carer told the dignity champions 'unless you keep pushing and asking for things nothing gets done'.

4. Conclusion

The Dignity Champion felt there were some significant improvements that could be made at Farm Lane care home. There were a number of repairs that needed to be made, standards of cleanliness could be improved and odour control is in need of attention. Residents' incontinence needs were sometimes not being attended to as quickly as they would have liked and perhaps this may tie into the odour issues. The toilets and bathrooms, in particular, needed attention and were often unclean.

A couple of residents seemed very unhappy with their experiences of care at Farm Lane. However, with fears and reticence to complain expressed by some it was possible these bad experiences could go unaddressed. It was worrying that residents felt they could not always use their call bell and that there may be negative ramifications for making complaints. There were also concerns about some staff members not always exercising patience with residents and the poor English skills or lack of willingness to speak in English of some of the staff. Dignity Champions also questioned whether the residents had enough to do in the daytime.

Other areas of the home presented a more positive picture with some staff perceived as caring towards residents and doing a good job, some positive feedback about mealtimes and a welcoming approach to visitors. Nevertheless there are a wide range of recommendations for the home to take into consideration

5. Recommendations

Environment:

- 1) Investigate causes of bad smells in the home. For example, are residents with incontinence issues having their pads, clothes and bed linen changed regularly enough? Look at whether better ventilation or more regular cleaning is required.
- 2) Re-paint scratched paintwork. Look at whether green walls could be re-painted: patients could be consulted on their preferred colour scheme.
- 3) Ensure ceiling leak in rehab unit is repaired.

Bathrooms:

- 4) Introduce a more regular cleaning rota for toilets to ensure any mess is cleared up quickly and bad smells are eliminated.
- 5) Repair leaks and damp patches.
- 6) Look at an alternative place to store equipment rather than bathrooms so facilities are less cluttered and more inviting for residents.

Privacy/personal care:

- 7) Ensure personal care is given only by appointed staff member(s) in a private space with no one else able to access the room during this time.

- 8) Personal cleaning, the changing of pads and assistance with going to the toilet needs to be provided without delay. Patients should feel confident using their call bells if soiled or uncomfortable and their requests to be changed should be respected by staff.
- 9) Bath water and water used for washing should be a temperature that is comfortable for the resident. Each resident should be asked about this.

Eating and nutrition:

- 10) Consider a lighter vegetable option than potatoes for the evening meal when the main course is something filling like pasta.
- 11) Ask residents what their favourite meals are and aim to include these on the menu.
- 12) Ensure residents have a choice over their portion sizes.
- 13) Make sure water jugs are available on each table at all mealtimes so that residents can drink as much as they wish and that staff assist those who need help to refill their glasses. Make sure that refills are offered and residents are encouraged to drink water in their rooms and communal areas as well.

Residents' wellbeing:

- 14) Ensure residents are aware of the activities on offer and that the activities reflect the interests of the residents.
- 15) Make sure all residents' photos and names are posted outside their rooms and none are missing.
- 16) Find ways for the home to interact more with the wider community, for example schools, charities, places of worship, other older people's services. Display community activities and visits on a notice board.
- 17) Liaise with older people's support services such as Age UK to provide residents with an advocacy service if they need support with matters such as benefits.

Staff and communication:

- 18) Encourage staff to interact more with residents and get to know them better as individuals. Ensure there are enough staff on each shift that there is time for them to speak to residents properly.
- 19) Ensure staff speak clearly in English when interacting with residents. Some staff may need support in improving their English or Care UK may need to look at their employment procedure to ensure new staff have an adequate level of English to interact well with residents.
- 20) All staff need to show patience towards residents at all times. Communication training should be given to staff members.

Comment and complaints:

- 21) Introduce a comments and complaints box so residents can give anonymous feedback.

22) Ensure all residents understand the complaints procedure and feel reassured that they can make a complaint without negative consequences or fear of losing their place at the home. Managers should make themselves approachable and talk to residents on a regular basis about their experiences at the home.

6. Contact

Nadine Yao

Dignity Champion Facilitator

Ph: 0208 969 4852

Email: Nadine.yao@hestia.org

Healthwatch CWL

Unit 25 - 26

85 Barlby Road

London

W10 6BN