



**Care UK
Forrester Court Care Home**

Assessments carried out from May 6th - May 9th 2014

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1. Executive summary

This report presents the findings from the Healthwatch CWL assessment of patient experience at Forrester Court. The purpose of the report was to assess the quality of the patient experience against the Department of Health's Dignity Standards.

Healthwatch CWL supports peer led lay assessors known as 'Dignity Champions.' Ten of our champions carried out assessments at Forrester Court from the 5th May - 9th May 2014

Findings identified the potential for improvement in the following areas

- Eating and nutrition
- Bathrooms
- Environment
- Activities
- Privacy
- Residents' safety
- Residents wellbeing
- Call bells
- Staff communication
- Complaints and abuse

The report, was submitted to the Manager (Beata Brzozowska) of Forrester Court C/O Care UK in May 2014 requesting a response within the 20 working day statutory timeframe. After 20 working days, this report and the Care UK Home response will be published and circulated to key stakeholders including the Care Quality Commission.

2. Introduction

In April 2013, Local Healthwatch was established under the auspices of the Health and Social Care Act.

Healthwatch CWL is the independent consumer champion for health and social care services and has over 5,000 members who share a passion for improving these services across the London Borough of Hammersmith and Fulham, the Royal Borough of Kensington and 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/

3. Background to the assessment process

Forrester Court is a care home which provides residential, nursing and respite care for older people, including individuals who have dementia. The care home can support 113 residents when at full capacity, with 170 staff working on a rotating schedule. Dignity champions were informed that at present, there are 98 publicly funded residents with 7 residents paying for their own care living at the care home, and several rooms currently unoccupied. The care home has 2 floors, with 6 units. These include dementia nursing units on the ground floor, the first floor is for residents with continuing care needs (St James Park & Regents Park) and the second floor is for residents in the Victoria Park unit for residents with dementia and the Hyde Park unit for nursing frail.

According to Care UK, *'the residents of Forrester Court are encouraged to get involved in the daily life of the home. Some for example, like helping to keep the garden looking its best, with regular outings to nearby parks. Additionally, the meal times are said to always be a sociable occasion'*.

As part of the assessment, the Dignity Champions spent time talking to residents and their relatives about activities on offer, as well as observing staff interaction and activities taking place during the visits.

The Methodology

The assessment was carried out using four methods:

- 1) Observation
- 2) Interviews
- 3) Conversations with staff members
- 4) Documentation

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

Interviews were conducted with 22 residents, carers' and visitors who were happy and able to participate. These were recorded on the interview tool.

The Assessments

Assessments took place as follows:

- ◆ Tuesday 6th May, from 4:15pm - 6:30pm
- ◆ Thursday 8th May, from 8:15am - 11am
- ◆ Friday 9th May, from 11:30am - 3pm

4. Findings

Eating and Nutrition

Dignity champions had mixed thoughts about the food provided at Forrester Court, and also the resident's experiences during mealtimes. It was unclear whether residents had a choice about what they ate, and how staff ensured resident's choices were adhered to, although staff were observed asking residents what they would like to eat. A menu booklet was provided, but the booklet was written in small print, and considered difficult to read. During the morning visit, the dignity champions observed all of the residents eating porridge and were not sure if the residents were provided with a full choice of options to choose from.

On more than one occasion we observed residents sitting at the table without even a drink provided, for over ten minutes.

Dignity champions observed staff largely being attentive during meal times, and provided a good level of support to the residents. However, it was also noted that a number of residents were alone in their rooms without any support. Dignity champions were pleased to note that staff encouraged residents in the dining area to stay and finish their meal. However, future champions observed residents sleeping during meal times.

Staff informed the champions that residents are screened for nutrition and weighed on a monthly basis. However, we observed dishes and leftover food being taken away quickly and not showing time to record information about eating patterns or behaviour's.

Whilst several Dignity champions stated that the meals largely conformed to the 'eat well' plate during breakfast time, there was no fruit served or placed on the table for the resident's convenience. Opinions of the food varied, and one Dignity Champion described the food as looking simple, and others were disappointed at how dry the sandwiches appeared. Staff also informed us that sandwiches were the only snack option between meals. The temperature of food was also questionable. Hot and cold food was left uncovered for the duration of the mealtime.

The amount of water and fruit juice made available for the residents was a concern. Staff provided water on the table at mealtimes, but only one glass of water was poured for the resident during these times. It was also noted there were five empty glasses in one room. Our dignity champions (as with food intake) were unsure of how staff are able to monitor the amount of fluids that the resident's intake. In communal areas, champions did not observe jugs of water/juice readily available for the residents.

Dignity champions were pleased that appropriate cutlery and napkins were provided for the residents at mealtimes.

Bathrooms

All bedrooms have en-suite toilets and sinks, with staff providing support for residents to access communal bathrooms. The bathroom areas were in need of a clean and refurbish, and dignity champions described the facilities and several sinks as having rusty plugholes. Champions who were permitted to view the resident's en-suite facilities noted that there were insufficient toiletries for residents - including teeth cleaning products and toilet tissue.

On one occasion, a resident with physical disabilities expressed concerns about support available during bathing times. An example of this was when a sling for a hoist was in the laundry room and not available for the resident to utilize the toilet or bathe. The resident stated they were left for several hours before the sling becoming available. It was also noted the wet room had a leak, causing a large pool of water by the entrance to the room.

Environment

Dignity Champions gave mixed reports on the environment of Forrester Court. It was noted that there was a smell of fresh paint, due to current maintenance. The Hallways and rooms appeared well lit with natural and artificial light. Dignity champions observed staff cleaning on each floor of the home; however odour control was an issue.

The majority of champions agreed that the décor was of an acceptable standard overall, although others had concerns about the age of the furniture. In particular the chairs looked shabby and all at the same height, and foot stools were not available.

The champions noted residents have the opportunity to bring personal belongings into their own rooms. However many of the rooms did not contain many personal effects and were quite sterile looking. Staff explained that some residents do not have family/friends to support the residents in decorating their rooms with personal effects.

Activities

During the assessments, staff informed champions there were a range of activities that were available to view on the activities board. These included; hairdressing, newspaper discussion, bingo and sing-alongs. However during the visits, only one activity was seen to be taking place. This involved a large balloon being thrown back and forth between residents and staff. Several residents said there was a lack of activities in the home.

On one occasion during the assessment, a bbq was being prepared for residents to attend. When champions viewed the kitchen area on the morning of their visit, the food had been cooked in readiness for the afternoon bbq.

There was little evidence of the home interacting with the wider community. Further to discussions with staff and residents, it was noted that residents can attend places of worship if they have the capacity to do so. There are spiritual meeting times allocated for the residents if they so wish, although it was felt that these may not meet the needs of everybody living at the home.

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It was also noted that cordless phones are available on each floor, which residents can take to their room should residents want to chat with family or friends. One resident informed a champion that she had tried to contact her son who is sick, but could not get through to him. The phone was requested again, and was not given back to her later to try again.

Privacy:

Dignity champions noted most of the resident's room doors were left open, and were informed by several residents that closing doors was optional during mealtimes if residents were not in their rooms. Several residents also told us that they can request their door to be closed and locked if they are not in their room. Champions did not note any form of signage to request privacy in their rooms. However, quiet rooms are allocated for residents and their guests in the care home. Members of staff were observed knocking prior to entering a resident's room when serving residents their meal.

Resident's safety:

It was noted that one resident was given the codes to the doors on each floor, as he liked to go out for a cigarette. This was discussed with staff who felt that this was okay for him to do so.

During one of the visits, it was noted a fire exit in the lounge on the first floor was blocked with chairs, and a pulpit, making it inaccessible to use as an emergency exit.

Resident's wellbeing:

Dignity champions did not see if residents were encouraged to wash their hands before mealtimes. Whilst there was a shortage of hand sanitizers in the residents rooms, there were adequate sanitizers outside of each room.

During an interview, a resident informed us that they had not been supported appropriately when in need of the toilet/showering. Dignity champions flagged this as a safeguarding concern.

It was noted the majority of residents had a photograph, D.O.B and their keyworker on their door, although two residents said they do not see their keyworker very often. There was also little evidence of residents being involved in the care planning process with a key worker, with several residents not knowing what a care plan was.

Call bells:

All of the resident's rooms were fitted with call bells. Dignity Champions heard two call bells ringing from rooms on the second floor, as they were leaving to inspect a different floor. After one hour, dignity champions returned to the second floor to hear the call bell ringing from the same room. Dignity champions informed staff on duty that the bell had been ringing for up to an hour. The staff explained that residents often press the call bells several times in a given period and do not require anything

Staff and communication

The Dignity Champions said staff presented as courteous, kind and helpful - particularly during mealtimes and during medication administration. It was also noted staff addressed the residents appropriately, calling them by their first names, in a clear manner. Staff had good body language when communicating. One resident told us staff are always warm and friendly. Champions suggested it would be nice if staff were available to interact with residents at mealtimes. The ratio of staff to residents at that time seemed low for the demand.

Complaints and abuse:

The dignity champions asked residents if they would be comfortable in making a complaint. After discussions with residents, dignity champions felt that the residents overall would not be comfortable in making a complaint. One resident said that they would only be comfortable disclosing information to an outsider. A champion asked to see the complaints log, but was unable to see this as it was locked away in one of the offices.

During the visit our dignity champions had reason to report safeguarding concerns to the manager, the dignity champions who reported it felt this was received and managed appropriately.

5. Conclusion

The Dignity Champions' overall impression of Forrester Court was not a positive experience with several worrying issues during the time of our visit, including safeguarding concerns. It was also felt by the Dignity Champions that far too many

residents were left alone in their rooms, with a poor ratio of staff to resident to provide appropriate interaction and support.

Additionally, there was a lack of evidence in the care home to suggest the activities focused approach promoted by Care UK is in place. For example, the activities advertised on the activities board during our visits, did not occur.

Dignity champions were positive about the interaction of staff and residents, particularly at mealtimes and during medication administration.

A number of recommendations of how to improve the service offered at Forrester Court have been detailed in the section below.

5. Recommendations

Eating and Nutrition

1. Provide easy-read menus to support the resident in making informed choices at mealtimes
2. Place fruit on tables during mealtimes for residents to eat, should they desire
3. Encourage residents to eat in communal areas to make mealtimes a more social occasion. Mealtimes are an important opportunity to socialize and get to know other residents.
4. Place jugs of water on individual tables at mealtimes so that residents can drink as much as they wish. Beverages should also be readily available in communal areas for residents as required.
5. Staff should monitor the amount of food and fluid intake, as currently this appears to go unmonitored

Bathrooms

6. The en-suites and communal bathrooms are in need of redecoration
7. Implement a more regular cleaning rota for the bathrooms.
8. Ensure specialist facilities for supported bathing are available on each floor and bathrooms are not used as storerooms.

Environment

9. Signage should be used to indicate that painting is taking place
10. Support residents by providing furnishings in the rooms of residents who do not have family/friends to decorate the residents rooms

Activities

11. Review the activities board, and ensure that all activities are provided and promoted to residents

12. Discuss with residents what activities they would like to take part in and ensure the programme truly reflects their needs, interests and abilities.
13. Introduce activities that bring residents on different floors together.
14. Staff to research appropriate activities and outings in the local community, including 'away day' trips
15. Ensure all residents are supported to take part in activities outside the home including their spiritual and cultural needs. Residents should be supported accordingly with their needs in this area
16. Provide more telephones throughout the home/allocate phones specifically for the residents, to ensure they can access them when they desire
17. Build links with organisations outside the home. This might include local charities for older people who may hold events outside the home that residents can attend
18. Introduce a communal noticeboard of community activities to join locally

Privacy

19. Ensure all residents have the option of closing or locking the doors to their rooms, to allow for privacy.
20. Provide 'Do not disturb' signs for all resident's

Residents Safety

21. Ensure all clutter is removed from fire exits, and provide training to ensure all staff have a good understanding of health and safety protocol
22. Ensure residents who do not eat their meals are offered an alternative meal/selection of snacks and that consumption is tracked accordingly.
23. Ensure that residents who are eating in their rooms are supported as often as possible by staff

Residents Wellbeing

24. Provide more hand sanitizer dispensers inside the units of the home, for residents, staff and visitors to use

Call bells:

25. Ensure call bells are answered in a timely manner
26. Staff to make regular visits to residents rooms - especially during evening/early hours

Staff and communication

27. More staff readily available to interact with the residents, particularly at mealtimes, when we did not observe a good ratio of staff to resident care

Complaints and abuse:

1. The manager of the care home, the Director of Healthwatch CWL (PM) and Manager for Westminster (MC) have been made aware of the safeguarding issues, which were forwarded to Westminster City Council for follow-up
2. Ensure that the complaint log is readily available, to receive feedback about resident experience.

Next steps

After twenty working days, this report and Care UK (provider of Forrester Court) response will be published and circulated to key stakeholders including Westminster City Council and the Care Quality Commission.

As highlighted above, Healthwatch CWL has a number of suggestions following our assessment of Forrester Court. We would be happy to meet with staff to discuss our observations and findings and to help Care UK develop an action plan to implement recommendations.

Contact

For further information on this report, on Healthwatch CWL or on our Dignity Champions initiative, please contact:

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