



Care UK
St Vincent's House, Hammersmith

Assessments carried out from November 25th-28th

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1. Executive summary

This report presents the findings from the Healthwatch CWL assessment of patient experience at St Vincent's House. 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 St Vincent's House from 25th to 28th November 2013.

Findings identified the potential for improvement in the following areas:

- Staff and communication
- Facilities
- Activities
- Eating and nutrition
- Staff training

The report was submitted to the Care Home Manager of St Vincent's House C/O Care UK in December 2013 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.

This report is coming at a time where improving patient care is being discussed at a national level in political and popular culture following the recent publications of the Francis Report and Grant Thornton Report. Our assessment finds there is room for improvement in resident experience at St Vincent's House and Dignity Champions have made recommendations to Care UK which should result in improved dignity in care.

2. 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/

3. Background to the assessment process

St Vincent's House is a 92-bed care home. At present 70 residents are publicly funded and the other 22 pay for their own care. There are approximately 130 staff members and the ratio of staff to residents is one staff member to five residents. The home has four floors which look after residents with different needs: the ground floor caters for end of life and palliative care residents; the first floor is home to frail and elderly residents; the second and third floors support residents with dementia.

According to Care UK, an 'Activity Based Care' approach is promoted at St Vincent's House, meaning that residents are encouraged to remain independent and are offered a range of activities designed to meet their interests and needs. As part of their assessment the Dignity Champions spent time talking to residents and their relatives about activities on offer, as well as observing any 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
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- 1) The Dignity Champions recorded their observations relating to areas such as the environment of St Vincent's House, mealtimes, activities and staff communication with residents on the specially designed observation tool.
 - 2) Interviews were conducted with 22 residents, carers' and visitors who were happy and able to participate. These were recorded on the interview tool.
 - 3) A selection of documents were provided by St Vincent's House including:
 - Promotional brochure
 - Activity Based Care flyer
 - Training File
 - Human Resources Grievance Policy
 - Residential Care Services Policy
 - Care UK Data Protection Policy
 - Whistleblowing Policy
 - Human Resources Dignity at Work Policy
 - Employee Guide

The Assessments

Assessments took place from November 25th-28th, as follows:

- ◆ Monday 25th November, 8-10am

- ◆ Tuesday 26th November, 12-2pm
- ◆ Wednesday 27th November 2.30-4.30pm
- ◆ Thursday 28th November, 11am to 1pm and 5-7pm.

4. Findings

Environment:

Dignity Champions gave very mixed reports on the environment of St Vincent's House including factors such as décor, lighting, tidiness, cleanliness and odour. Some rated it very highly and thought it was well-decorated, homely and had attractive furnishings. One person described it as 'fresh, modern and clean', another as 'excellent, very comfortable'. Others noted wear and tear with some chairs described as 'quite tatty' or furnishings considered 'a bit sparse'. Two Dignity Champions felt more pictures would be nice on the walls.

The perception of communal areas varied from 'clutter free and friendly' in some rooms to cluttered in other rooms with several bags of rubbish noted on the floor of one of the quiet rooms. In one case a lounge appeared to be used as an office by staff, although the manager of St Vincent's did advise Dignity Champions that often staff did their paperwork in the lounges when they were not in use. One Dignity Champion thought there were 'a good number of lounges with TVs'.

The biggest issue noted by the Dignity Champions in relation to the environment of the home was odour control. One Dignity Champion gave the home the lowest possible rating for odour and reported a 'smell of urine in all areas'. Others found the odour depended on the floor and only some areas were bad. In most instances the ground floor was fine but other floors had unpleasant smells.

The relative of one resident told a Dignity Champion she had been waiting for four years for the home to be re-painted and that it really needs doing. She felt it was hard to see how grimy the walls are due to the dim light.

Residents have the opportunity to bring personal belongings into their own rooms. However, some Dignity Champions felt these were minimal compared to other care homes they had visited and wondered if this was encouraged enough. Some rooms were described by Dignity Champions as 'cosy'.

Bathrooms:

All bedrooms have en-suite bathrooms with showers. However, communal bathrooms with supported bathing facilities are also available on each floor. The Dignity Champions were concerned that one of these facilities, which had a hoist and bath chair, was being used as a storeroom. Other bathrooms were also cluttered with equipment. One of the bathrooms was described as 'filthy', others as 'grubby'. Other bathrooms were felt to be not particularly clean but perhaps

'acceptable'. It was noted that the toilet seat in a bathroom on the second floor required maintenance.

Privacy:

Many residents reported they were not able to lock their doors and would like to be able to do so. One resident said their door had to stay open all the time: "Sometimes I would really like some privacy. Staff tell me I have to keep it open." Another resident said an improvement he would make to the home was more privacy. Staff members were observed by Dignity Champions entering residents' rooms without knocking, for example, when bringing their meals. Residents agreed that staff members would only knock before entering their rooms some of the time.

One resident seemed inappropriately dressed in a communal lounge as she had no shoes or slippers on and her dressing gown was coming undone.

Residents' safety:

A number of potential hazards were noted by Dignity Champions during their assessments of St Vincent's House. At one point a trolley of medication was left unattended for at least five minutes; at another time a trolley of cleaning products was left unattended. It was unclear whether the trolley was locked or not. When cleaning was being conducted in one of the bedrooms a vacuum cleaner cable was trailed across the corridor without any signs to notify residents it was there; it was felt this could pose a risk of tripping up residents.

Eating and Nutrition:

Dignity Champions had mixed impressions about the food on offer at St Vincent's House and of residents' experiences at mealtimes. It was unclear whether residents had a choice about what they ate. While a menu book which includes different meal options each day is available, Dignity Champions were not sure this was being used. For example, at one evening meal all residents appeared to be eating the same meal. When asked, some residents did not believe they had a choice of what to eat. One resident did comment that she had a gluten free diet and it was catered for; she did comment that there was always lots of fish and she did not particularly like fish all the time.

Napkins were available at some meals but not at others. In one instance a woman was seen wiping her face on the tablecloth because she did not have a napkin. While cutlery was usually provided, on one occasion a man had to use his soup spoon to eat his dessert because a new spoon was not provided.

Several Dignity Champions noted a shortage of water. Residents were offered a glass of water or juice with meals but unless they requested more that was possibly all they got. At some meals it seemed only juice was available. There were never any jugs of water on the tables which Dignity Champions felt should have been the case. This was particularly worrying when it was also noted that cups were not available for one of the water machines in a corridor outside

residents' rooms. However, jugs of water were noted by one Dignity Champion in some of the rooms. Nevertheless the shortage of water at mealtimes was a worry to many of the Dignity Champions.

Dignity Champions' opinions of the appearance of food varied. One Dignity Champion described the food she saw as looking good: 'I would eat it'. However, another Dignity Champion thought the combination was strange with a sandwich, soup, beans, a pasty and salad all served together. The temperature of food was questionable at times as it was sometimes observed that hot meals were left to one side for some time before being served.

Mealtimes did not appear to be the social occasion that Dignity Champions might have hoped. At one mealtime the seven residents present in the dining room were mostly eating on their own tables and sitting in silence. Many of the residents ate in their own rooms or in the communal lounges. While this approach gave residents flexibility in terms of choosing where they wanted to eat, it sometimes meant staff were busy taking meals to different rooms and were not necessarily on hand to help those who needed support in the dining room. It also meant that residents might be missing the opportunity to get to know one another and feel part of a community.

Support for residents eating in the dining area was variable. Sometimes staff were observed helping residents. For example one member of staff was speaking 'softly and encouragingly' to a resident while helping them to eat. In other cases people seemed to be struggling. One resident was left with their meal for 30 minutes during which time they ate nothing; they were then given help for two minutes and left alone again with an unfinished meal. At one point, three carers were observed talking about their shifts rather than supporting residents to eat.

Residents are screened for nutrition and weighed on a monthly basis. If there are concerns a food chart will be implemented and everything that person eats kept a record of. On one occasion a resident who had not eaten their meal was offered an alternative and asked if they would like to eat later. This was seen as good practice. However, on another occasion a lady did not eat her meal and was not offered anything else.

One Dignity Champion questioned the serving time of the evening meal which had been eaten by 5.25pm. Apparently there was sometimes a gap between the time at which residents were woken up and the time of breakfast. For example one man was given a shower at 6.30am and said he was very hungry by the time breakfast was served. It seemed that other residents were also being woken for showers a long time before breakfast. Breakfast was observed being served at 9am. Dignity Champions were advised by St Vincent's House that breakfast was at 8:30am.

Activities:

Care UK describes its 'Activity Based Care' approach at St Vincent's House:

At St Vincent's House, we tailor our activities, events and outings around the expressed interests and abilities of residents. All activities are

completely optional, of course, but our most popular activities include painting, gentle exercise, games, bingo and visits from entertainers. We often organise outings to places of interest too...²

Care UK provided the Dignity Champions with a sample programme of activities for the home, which included balloon exercise, flower arranging, knitting club, newspaper reading and discussion, and film showings.

During the time of the Dignity Champions' assessments three of the advertised activities were cancelled. On one day the newspaper reading and discussion was cancelled along with the balloon exercises. Apparently, this was because one of the activities co-ordinators was giving training to other staff members while another had a funeral to attend. One resident had been looking forward to the balloon activity and was disappointed it was cancelled. He said it was fun and took up an hour of his day; when it was cancelled he ended up watching television.

On another day the flower arranging was cancelled, apparently because a conference was taking place. Both the conference and training must have been planned in advance and yet no thought had been given to ensuring activities went ahead. While one of the activities co-ordinators may have had the unforeseen circumstance of attending a funeral, it had been understood that both activities co-ordinators should have been available anyway - one to lead a group activity, the other to visit individual residents not taking part in the group activity. In a home that promotes 'Activity Based Care' so strongly this was seen as a very poor show.

Residents' reports of activities at the home did not reassure the Dignity Champions. One person reported that they felt lonely, that there was not enough to do in the day and that they were not encouraged to take part in activities or mix with other residents by the staff. Another resident said 'you can make yourself lonely in here'. This person also said she was not encouraged to mix with other residents. She said the staff need to bring residents together, 'don't just let them stay in their room staring at the walls'. She also noted there was no interaction between different floors apart from at the summer BBQ.

Another resident said they were encouraged to take part in activities and enjoyed the singing and exercise. However, this person said there were no activities at the weekend.

The daughter of a male resident suggested that her father was not involved in activities because of the effort required on the part of staff to take him along in his wheelchair. She said he was asked in such a way as to discourage him from taking part: "You don't want to go to the activity do you?" This woman felt her father was left in the corner, not taken to the dining room because of the effort required and also never had his glasses on. She also noted that at a karaoke session, the songs were inappropriate for the residents. Her father had never been asked if he would like to take part in a trip outside the home. Another relative of a resident agreed that residents are not supported to go out or if they are it is extremely rare.

² Care UK promotional brochure, St Vincent's House

Other people asked about whether there was enough to eat at the home responded 'I think so' but few were enthusiastic about activities or talked about them in any detail. None referred to trips outside the home. Loneliness was clearly a problem for many of the residents. The daughter of another resident said 'activities aren't that good'.

One Dignity Champion spent time talking to a resident who seemed to spend a lot of time in her room and did not take part in activities. Her room was rather bare and she seemed to be lonely.

The Dignity Champions did observe one activity, a cheese and wine tasting. This was attended by nine residents who were given a good amount of cheese and a little bit of wine. However, the activity had started half an hour ahead of schedule so the Champions did not get to see the full activity.

There was little evidence of the home interacting with the wider community although one Dignity Champion noted that apparently children and students sometimes visit.

Residents wellbeing:

Aside from the activities programme, there were other concerns about residents' wellbeing. On one occasion two residents started shouting at each other and while one was gently escorted away by a staff member, another lady was left shouting. When told to be quiet by another female resident, this lady replied, 'I will break your f***ing neck'.

At other times, individual residents seemed to be distressed. One lady was seen shouting 'I give up, I am going home' and then lying down on the floor. Another resident reported often there is shouting at night.

Another resident was very unhappy to be in the home and was bitter towards both the relative who had put her in there and the staff. She felt that the relative was stealing her money and that her mobile phone had been taken away. Dignity Champions spoke to the care home manager who advised that the resident had severe dementia and her mobile phone was taken away from her by a family member as she kept making inappropriate phone calls. The resident had money available to her which she liked to use to have a weekly fast food takeaway. The activities co-ordinators seemed to have a good knowledge of this resident which was reassuring to the Dignity Champion involved. Dignity Champions also noted other residents who looked 'thoroughly discontented' on the floors that cater to residents with dementia.

Staff and communication:

The Dignity Champions presented a mixed picture of staff conduct towards residents at St Vincent's House.

Positive comments from Dignity Champions included staff 'wanting to help', 'working effectively' and being 'very polite'. One resident felt staff were the best aspect of the service and this person felt the staff had got to know them well as a person. Several other residents made positive comments about staff and felt staff had got to know them well, listened to them and treated them respectfully.

However, several of the Dignity Champions felt staff made little effort to interact with residents. They perceived staff as frustrated or anxious at times and thought they could be abrupt with residents. On one occasion a staff member's tone was felt to be forceful as they instructed a resident to 'come on sit here' and 'wear your shoe'.

Sometimes it seemed hard for residents to get the attention of staff members. On another occasion a lady was shouting for staff from her room and although four members of staff were in a room next door, it took a time for anyone to go to her.

One resident when asked whether staff take the time to talk responded 'not often'. For another resident the worst thing about St Vincent's was 'the way they boss old people about'. He said staff sometimes address you 'like you are not there and they're talking over you'. He also felt they sometimes said things 'under their breath'.

Two people said that staff were not helpful if they wanted to go for a cigarette. In one case a resident said they sometimes say no and in another case they would 'tut and roll their eyeballs'.

Someone else said staff 'tend to speak to visitors rather than me'.

Another person said staff tend to talk in their own language in front of residents.

One resident felt that most of the staff were good but the odd few did not make an effort. One described some of the staff as 'a bit snotty'.

One resident said some of the staff are 'horrible'. Once she had to wait for an hour to go to the toilet. She also overheard a staff member saying 'hurry up slow coach' to one of the residents. The relative of another resident said some workers are 'horrendous' and that the resident should have regular medication throughout the day and often do not administer medication in a timely fashion.

The Dignity Champions observed an incident where a resident was shouting at a member of staff to try and get their attention regarding a toilet that had faeces all over it. It took 15 minutes for the member of staff to do anything about it and when they did they shouted out to another resident 'oh ... look what you have done'. Two workers were laughing about the incident in the presence of other residents. Other examples of patronising or humiliating comments were cited by Dignity Champions.

Two members of staff were overheard talking about a resident that needed a bath and one said 'well we'd better to do it quickly then as I want to get off'.

Some residents made comments that implied they felt the home was different on the day of the Dignity Champions visit to other days. For example 'why are you going to all this fuss today' and 'there is something not right going on here'. Another man suggested staff behaved differently in the presence of visitors.

Most residents did not think they had a regular key worker at the home although there were a couple of exceptions. There was little evidence of residents being involved in the care planning process.

Call bells:

There seemed to be a problem with some people's call bells being out of reach. One resident did not know about her call bell and it was hanging down behind the bed and was quite hard to extract.

Complaints and abuse:

The Dignity Champions asked residents about whether they would feel comfortable complaining if they needed to and whether they thought complaints would be dealt with. Responses varied considerably. Two people said they would not complain. Some would complain but weren't sure whether or not they would be treated differently by staff for doing so. One would complain but had no complaints. One would complain and thinks everything would be done to follow up on it. Another would complain but was not sure anything would be done.

One resident had complained regarding a carer waking her up at 4.30am for a bath (as already discussed in this report). It appears this had been addressed in some way because she was now being woken up at 6.30am. However, this was still a little too early for her and left a large gap between waking up and having breakfast during which time she got hungry. She also reported the member of staff who got her up at 4.30am was still working at the home however was the resident was happy that the issue had been resolved.

When asked if they had ever been treated badly everyone who answered said they had not except one person. This resident replied 'only that they force me to take tablets'. This resident felt she was on too much medication, that the staff 'shove it' in her mouth and that she wanted to be on less medication. The resident did comment that the staff were not aggressive when giving tablets however felt that often they administered tablets in an unsympathetic manor.

5. Conclusion

The Dignity Champions' overall impression of St Vincent's House was not a positive one with many worrying incidents taking place during the time of their visits and concerning comments made by the residents. Some residents did seem content enough and had nothing bad to say and some Dignity Champions gave positive

feedback on the home. However, overall the Dignity Champions were left with a sense of concern about the way the home is run.

The activities-focused approach that is promoted by Care UK is not in evidence at the home. The fact that three activities were cancelled in the space of the Champions visits and that so few residents seemed to be taking part in activities at all was very worrying, especially as many seemed to be lonely. There was little to pull the residents together and create a sense of community. Even mealtimes, which can be very social occasions in some homes, afforded little interaction for residents who often chose to eat away from communal areas. While Dignity Champions had positive feedback about some staff members, as did residents, there were many incidents when staff treated residents with a lack of respect and concern for their wellbeing. In general staff interactions with residents did not seem geared to alleviating people's loneliness even if residents felt listened to and asked about some of the time.

Incidents of disruptive behaviour suggested that some residents were unhappy at the home and were not interacting well with one another. While the Dignity Champions understand that many of the residents have dementia which can be frustrating for sufferers and cause confrontational behavior at times, they questioned whether a lack of appropriate care and attention might be exacerbating disruptive behaviour. There was not necessarily evidence for this but perhaps it is an important point for consideration.

A number of recommendations for ways to improve the service offered at St Vincent's House have been detailed in the section below.

6. Recommendations

Environment:

1. Remove clutter from communal areas and ensure lounge areas and bathrooms are used for their intended purpose, not as storerooms.
2. Investigate the cause of bad odour. Explore the possibility of better ventilation for problem areas. As the smell of urine is a problem it may be necessary to look at if clothes/bedlinen are being changed frequently enough particularly when incontinence is a problem. Re-visit care plans to ensure residents personal needs are being properly supported.
3. Ensure residents are encouraged to make their bedrooms feel like their own. When they arrive at the home encourage them to bring their personal belongings. Help them to display any sentimental items such as pictures or cards on an ongoing basis to help them feel more at home and to aid with identifying rooms.

Bathrooms:

4. Implement a more regular cleaning rota for the bathrooms. Ensure specialist facilities for supported bathing are available on each floor and bathrooms are not used as storerooms.
5. Make sure any repairs are carried out without delay (for example, the toilet seat) and warning signs regarding any potential dangers are put in place in the meantime.

Privacy:

6. Ensure all residents have the ability to shut and lock their doors if they wish to do so in order to have some privacy. All staff should knock on residents' doors before entering and wait to be asked in unless in the case of an emergency.

Safety:

7. Trolleys of cleaning products and medications should be under the supervision of staff at all times.
8. If a vacuum cleaner is in use, the cable should not be trailed across a public area. If this is essential, cleaning signs must be used to alert residents it is there.

Eating and nutrition:

9. Review menu choices to make sure that all meals are nutritious and appealing. Ensure that residents have a choice about what they eat.
10. Make sure napkins and appropriate cutlery are available at all meals.
11. Place jugs of water on each table at mealtimes so that residents can drink as much as they wish. Ensure water machines in communal areas have a supply of cups at all times.
12. Encourage residents to eat in communal areas to make mealtimes a more social occasion. Many residents are lonely and mealtimes are an important opportunity to socialise and get to know other residents. Ensure that any residents in wheelchairs or with other special needs are assisted to communal areas if they wish to be.
13. Make sure all residents receive timely assistance with eating in a discrete and sensitive way.
14. Ensure that residents who do not eat their meals are offered an alternative and that consumption is logged.

Activities:

15. Review the activities schedule. Talk to all residents to find out what activities they would like to take part in and ensure the programme truly reflects their needs and interests. Introduce activities that bring residents on different floors together.
16. Introduce activities for people with dementia such as reminiscence games.
17. Ensure activities are not cancelled unless on the very rare occasion it is completely unavoidable. Staff training should not disrupt the activity programme. If someone has been looking forward to an activity it can be very disappointing to a resident if it is cancelled, perhaps ruining their day.
18. Make sure all residents have the opportunity to take part in activities outside the home including trips to places of interest and assistance in making visits in the local area such as to the shops, places of worship, cultural preference and/or parks.
19. Build links with organisations outside the home. This might include local charities for older people who perhaps hold events outside the home that residents can attend. It could also be schools, voluntary organisations and local places of interest that offer residents the opportunity to interact with the local community. This should be reflected on a communal noticeboard.

Residents wellbeing:

20. Ensure staff talk to any residents who are behaving disruptively in a private space and find out why they are upset and if anything can be done to help them. Make sure any incidents are dealt with quickly and all residents present are reassured by staff.

Staff and communication:

21. All staff should interact with residents with respect, patience and sensitivity at all times. Staff should get to know residents on an individual basis and understand their needs and interests. This should be emphasised to staff in initial training and followed up in staff reviews.
22. Staff members should not impose their own judgements on residents in relation to habits such as smoking.
23. Staff members must never make humiliating or patronising comments to residents. They should never make fun of residents in front of other residents.
24. If there is a mess made in toilets, bathrooms or anywhere else in the home it should be dealt with quickly and without unkind comment.
25. All residents should be made aware of care plans and their role in the care planning process. They should have a regular keyworker who they get to know.

Call bells:

26. All residents should be aware of their call bells, which should be in easy reach at all times.

Complaints and abuse:

27. Ensure all complaints are followed up on and the outcome discussed with the resident who has made the complaint.
28. Look at whether residents are being woken up for showers at a time that is too early for them. Ensure there is flexibility as to when residents have their shower/bath.
29. Encourage the use of the comments and complaint box to receive feedback about resident experience.

Next steps

After 20 working days, this report and the Care UK (provider of St Vincent's) response will be published and circulated to key stakeholders including the London Borough of Hammersmith and Fulham and the Care Quality Commission.

As highlighted above, Healthwatch CWL has a number of suggestions following our assessments of St Vincent's House. 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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