



Care UK - Ellesmere House Care Home

Dignity Champions' assessment

10<sup>th</sup> - 13<sup>th</sup> February 2015

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## 1. Executive summary

Healthwatch CWL is the consumer champion for better standards of care in health and social care services. Its team of Dignity Champions are volunteers recruited from the local community who work to improve standards of dignity in health and social care services. This report presents the findings of the Dignity Champions' assessment of Ellesmere House Care Home run by Care UK. Ellesmere House provides care for older people with a range of needs including dementia. It offers nursing, palliative, long-term residential and end-of life care. It also has a rehabilitation unit for people who need help to recover after a hospital stay. Several visits were undertaken by the Champions who recorded their findings based on their observation and interviews with patients and staff.

The Dignity Champions' findings presented a mixed picture of Ellesmere. Positive interactions between staff and residents were noted, along with a welcoming atmosphere and an honest and realistic attitude from the management. However, residents' feedback identified issues with the food, the complaints procedure and the behaviour of some staff members.

## 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.

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'<sup>1</sup>.

### 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 of 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

## 3. Methodology

The Dignity Champions assessed Ellesmere House Care Home in Chelsea. The home provides publicly funded care for people with dementia on its lower ground floor. The first and second floors house private patients who receive nursing care and residential dementia care.

The assessment was carried out using three methods:

- 1) Observation
- 2) Interviews
- 3) Conversations with staff members
- 4) Conversations with friends/family members

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<sup>1</sup> [http://www.dignityincare.org.uk/Dignity\\_in\\_Care\\_campaign/The\\_10\\_Point\\_Dignity\\_Challenge/](http://www.dignityincare.org.uk/Dignity_in_Care_campaign/The_10_Point_Dignity_Challenge/)

- 1) The Dignity Champions recorded their observations relating to areas including the care home's environment, staff interaction with residents, mealtimes and residents' privacy 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. Interviews were recorded with 15 residents while informal conversations took place with others.
- 3) Informal conversations were conducted with a range staff members on duty at the time of the visits.
- 4) Informal conversations took place with friends and family members of residents during the visits.

### 3.1 Assessment dates

Assessments took place from February 10<sup>th</sup>-13<sup>th</sup> 2015, as follows:

- ◆ February 10<sup>th</sup>, 4.30pm (dinner)
- ◆ February 12<sup>th</sup>, 11.15am (lunch and activity)
- ◆ February 13<sup>th</sup>, 8.15 am (breakfast)

## 4. Findings

### 4.1 Environment

The Dignity Champions were impressed by many aspects of the care home's environment with aspects such as its décor, lighting, gardens and approach route mostly scoring as either very good or excellent. However, some minor areas for improvement were noted. It was noted the plants in the entrance area were in need of care. While the 'good bright colours' were a positive aspect of the home's décor, it was felt that more fresh plants would be an improvement and that the skirting boards were in need of a wash and paint.

There were several concerns regarding tidiness in the home. One of these was clutter in the bathrooms which will be discussed later. One Champion said tidiness 'needs to be improved for health and safety'. Overall, most champions rated tidiness as either good or excellent. Of the lighting one Champion explained that there did not seem to be a bright enough light in the living room.

Odour control was thought to be managed well overall however, more than one champion commented that the back corridor on the lower ground floor had some odour control issues.

Furnishings gained a mixed response. Some Champions felt the standard of furnishings was good, others thought they were average. One Champion commented ‘some furniture could be updated but most okay’. Cleanliness was mostly rated as good with one score of average, our champions observed cleaning staff at each of the visits.

Safety was a concern for two Champions. A resident told us that there were no plasters available for use after they had been given a blood test. Another champion noted that all store room doors and linen cupboards were left open. One Champion noted out-of-date information posted on the first floor relating to 2013-14 sickness. This person also detected a smell of cigarettes on the same floor<sup>2</sup>.

#### 4.2 Bathrooms and toilets

Ratings of the bathroom and toilet facilities varied. Several Champions were concerned that bathrooms were being used as storerooms. It was questioned whether this might impact on the ability of residents to choose when and how often to bathe. Another Champion described bathrooms as ‘overcrowded’ and felt there would not be enough space to work in the case of an emergency.

On the lower ground floor, one toilet had no paper on the holder and part of the ceiling was hanging down which was seen as a possible safety risk.

#### 4.3 Eating and nutrition

The Dignity Champions observed breakfast, lunch and evening meals at Ellesmere. Some residents were provided with a proper knife and fork for their meals. One champion was pleased to note that ‘a resident who was being assisted in feeding was given a fork and spoon to hold’.

A choice of meal options was available and several Champions felt that residents were supported to make their choice for breakfast and lunch. However, at the evening meal there did not seem to be much choice<sup>3</sup>. Many Champions noted that breakfast looked good and was considered ‘the best meal of the day’. Reports of assistance available to residents with eating varied. Four Champions said yes it was available, two said no, another was unsure. One Champion said ‘some not eating - need encouragement’.

Overall, Champions were positive about the presentation of the food. Impressions of whether food was served at the correct temperature varied. It was unclear whether special dietary requirements were provided for. Most Champions felt the serving time of the meals was appropriate; however, two Champions noted that residents waited a long time to be served once they were seated. Residents seemed to have enough time to eat their food. Champions observed both water and juice were provided with meals.

One Champion described the dining area as having a ‘calm atmosphere’ with residents at small tables. Several noted that residents were encouraged to eat in the communal area

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<sup>2</sup> Care UK has since clarified that workmen were carried out improvements to piping at the time of our visit. This is what caused the ceiling hatch to be open.

<sup>3</sup> Although the Champions only observed a choice of fishcakes and potatoes or salad being served, Care UK has since stated that ‘there is a choice of evening meal every night.’

rather than alone in their rooms. Some residents said they were encouraged to eat communally, others said they sometimes were, one said no. It was noted that staff with greater experience of working in Ellesmere engaged better with residents at mealtimes. An agency staff member in attendance was observed sitting back and not engaging.

One Champion noted tea was served in a pot at breakfast which was considered a nice (homely) touch for those able to serve themselves.

Residents' feelings about food at Ellesmere varied. One described it as 'very good', another as 'not bad', someone else as 'not nice'. Two residents told us they rely on having food brought in for them. Worryingly, two people said they believed they were losing weight because they did not like the food<sup>4</sup>. One of these people said it was because the food is 'not tasty'. One resident informed us that there is a lot of 'mince-based' meals but not much other meat available. On a positive note, staff seemed to recognise the lack of eating and were discussing it with the residents. A resident explained that the staff definitely record their food intake because the information is (somehow) known by their family.

When asked whether snacks were available 24 hours a day, responses varied. Three residents said yes - one specifying sandwiches, another said no, while others were unsure or uninterested.

One patient was taken away from the breakfast table and told he needed to have his 'pad changed' in earshot of other residents. Our champion felt that this situation could have been handled in a more dignified manner.

#### 4.4 Activities

Several Dignity Champions noted that there are a range of activities available for residents. Three activities per day were listed including stimulating choices such as quizzes and games. One Champion, however, questioned whether activities are appropriate for all residents or whether they are geared more towards people with dementia or a disability<sup>5</sup>. The Champions attended a variety show that was put on for residents which had a good turnout of around 24 residents. They were very impressed by the interactivity and entertainment value of this event. Staff members were supporting residents throughout and escorting people to participate.

A range of cards, books and games are available for residents; indeed one resident said he enjoyed playing cards each afternoon.

It was unclear how much residents are able to participate in activities outside the home. Some residents are taken out by visitors. One resident had been taken out for a birthday visit to a pub. Another resident suggested that 'good staff' take residents for visits to local

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<sup>4</sup> 'Care UK has since stated 'there are medical and other reasons for weight loss. All is actioned with the GP and Dieticians. Evidence is in residents care plans.'

<sup>5</sup> 'Care UK has since stated "Ellesmere House has a wide range of activities from arts and craft, music, news reading, crosswords, games, puzzles, book/film club. We also have regular outings out which are rotated so that all the residents get the chance.'

places, but others did not seem to go out. It was unclear whether residents have access to phone and email. The Ellesmere website describes a 'contemplation room' but the Champions did not observe this room. One Champion noted that representatives from the Church of England and Catholic Church visit the home every two weeks and can visit people in their rooms if required. No evidence of the home interacting with the wider community such as a noticeboard was recorded by the Champions.

When asked whether they enjoyed the activities only three residents answered. Two people said yes and noted their favourite activities as shows and singing. Another resident said no. Several people felt they were encouraged to take part in the activities; however, one said they are 'for people who have lost their brains'. Again, only four people answered the question 'do you feel there is enough to do in the day?' Of these four, one described a 'structured day', another said yes, but the others said no and 'no, not for me'.

Five people said they felt lonely. One said they felt 'permanently lonely', another 'I am always lonely' and someone else said 'yes, it's very lonely'. Only two residents responded no, they are not lonely. Others skipped the question.

#### 4.5 Staff and communication

Dignity Champions' impressions of staff were generally good with comments including 'friendly, chatting to all residents', 'helpful', 'smiley' and 'polite'. Some good interaction between staff and residents was observed and one Champion noted that a member of staff replaced a cup of coffee for a resident on request. Another Champion reported laughing/familiarity between a carer and resident. Other Champions felt staff were attentive when needed and not too intrusive. A cheerful member of staff was heard singing on the first floor. Champions said yes when asked if staff were listening to residents. One Dignity Champion commended the awareness of the staff team saying 'every new member of staff who saw me acknowledged presence and asked who I was'.

There were a number of new staff being inducted and both they, and the agency staff member were not as familiar with permanent staff with the residents. During the evening visit, the champions reported that staff got up and started interacting with residents only when they saw the dignity champions in the vicinity of the communal dining areas. Residents also informed us that a number of 'the old staff' have recently left.

Residents' feelings about staff varied. When asked whether they thought they were treated politely, courteously and respectfully at all times, most said yes; however, some said it depended on the staff. For example one person responded 'on and off, most are friendly' and another replied 'depends on staff, some rude but 90 per cent friendly.'

Some residents we spoke to said that some staff have very little English which can be problematic.

When asked whether they were addressed directly by staff, out of the six people who answered, three said yes, two said no and one said 'sometimes'. Generally staff seemed to call people by their preferred name/title.

When asked whether they were asked for their opinion of the services they received, three people said no, one was unsure, one said sometimes yes, one said good and another told the Champion concerned that he/she did not want to stay at the home and future plans were being discussed.

The Champions also asked residents whether they felt staff were patient with them even when they were under pressure, five people simply said yes, another said 'always patient at times', someone else said 'some yes, some no', another resident said 'yes mostly but not floor manager', while another said 'yes because (*I am*) not the easiest sometimes - I like things my way'. Two residents responded no to this question, staff were not always patient under pressure.

When asked how well staff have got to know you as a person, one resident said very well, two people said quite well, three responded 'yes', while another commented 'quite well/not at all - depends which staff'.

Residents were also asked how much staff had got to know about things that matter to them. Four people responded 'yes', while one said 'no', one said 'don't bother - some have interesting lives, I hear about their lives which is nice' and another said 'sometimes they do if they wish to'.

When asked whether staff take the time to talk to them, three out of nine said 'yes', one said 'yes some but very busy', three said 'no', one said 'they have no staff', another said he/she found staff difficult to understand. An additional resident who the Champions spoke to informally said 'no - no time, staff shortage' in response to this question<sup>6</sup>.

Some residents felt they could get the attention of staff members if they needed to. One was less sure ('I suppose so, maybe') and another resident said 'depends on level of need - if I fall they attend'.

Four people said they had call bells and one said no. When asked whether call bells were answered at night, one person said 'depends' and others did not use their call bells at night. The Champions did not hear call bells during the visit but did observe a resident shouting out for help twice and staff responding promptly.

One Dignity Champion reported that during an activity a resident was falling out of his/her chair but in spite of seven staff members being in view, it took three minutes to help the person.

One resident reported she was not wearing the jumper she had wanted to wear.

The ratio of staff to patients was raised as a concern by family and friends of residents, especially at night-time. One person stated the thing they least liked about the home was only having one nurse between the two upper floors (this person thought there should be a

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<sup>6</sup> Care UK has since stated the home "has a full complement of staff. If staff call in sick then we cover immediately. The floors are never left under staffed for the number of residents and there dependency. Annual leave and training is covered by permanent staff."

nurse per floor). Another staff mentioned also said there had been a reduction in staffing in recent months and there was now one nurse on the upper floors<sup>7</sup>.

It was also reported by staff that staff limitations meant only two residents from the upper floors could engage in the activities downstairs at any one time<sup>8</sup>.

#### 4.6 Care planning

Only four people answered a question about how involved they have been in decisions about their care. Three felt they had been involved, one said 'my family know'. Seven people answered a question about whether staff plan care with you; only one said 'yes', they do. Another person specified that staff had discussed whether she was well enough to go home. Others said 'probably', 'don't know' and 'I suppose so'. One said 'no but not needed'. One resident said he/she knew nothing about care, 'that would be good' (referring to involvement in decisions). When asked whether they have their own care plan, of the six people who responded, two said 'no', two said 'yes', one said 'yes, I would imagine so' and another did not know. During an unrecorded conversation, another resident said no, he/she did not have a care plan.

#### 4.7 Privacy

The Dignity Champions reported that residents are able to keep personal possessions in their room. One Champion noted that some residents had 'pictures and small ornaments from their homes'.

Residents seemed able to take care of their personal care if they wished to. One resident said she would start to wash herself and a staff member would step in if needed.

Information did not appear to be shared about residents without their permission. Four Champions reported that staff/visitors/other residents knock on doors before entering. However, one Champion said 'no' and another said 'sometimes'. Two residents reported that staff members knocked and waited before entering their rooms. One said 'yes and no - depends who'. Two said no staff did not knock and wait: one of them said 'no, not much privacy, some polite, some rude.' Residents did not seem to have 'do not disturb' signs available for their use.

All residents reported being able to go to their rooms if they wanted to, although one had to wait for help. All were able to use the toilet in private and could choose what help they required with personal care.

It appeared that at least some residents were not allowed to lock their doors. One said 'no not allowed - only by permission'. However, some were able to lock their doors. Apparently one resident had asked for permission to lock her door because of unwanted visitors.

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<sup>7</sup> Care UK has since stated Ellesmere House has the staffing numbers that reflect the number of residents to their dependency.

<sup>8</sup> Care UK has since stated 'The home is not short staffed and there are no limitations for the residents due to staff numbers.'

## 4.8 Visitors

All residents felt there was flexibility over the time that visitors could come to see them. Although one respondent said they had no visitors, others reported that friends and family members came to visit them. Six people said visitors were made welcome by staff; one person said 'no, they were not.' When asked if they could have private conversations with visitors, four out of five said yes but two of these said they whispered. All four who answered felt that family/friends were able to ask staff questions and help make decisions about care if the residents desired it.

The Dignity Champions spoke to some visitors to the home. Their concerns included the ratio of staff to residents during the night-time and the standard of the food. Some were not aware that their family member could ask for a snack at any time and said they would now tell them to ask for one as some had been getting hungry.

## 4.9 Feedback and complaints

When asked whether they would complain if dissatisfied with a part of the service or a member of staff, seven residents answered and four of them said no, they would not. One of these people said 'no, I feel too worried'. Another resident said 'not sure - it can be tricky'. One said yes they would complain. Another person said 'maybe to manager or family. It was worrying that only one person seemed to feel completely sure they would complain and this lack of confidence in the complaints process or even fear of complaining stands out as a real concern to the Champions.

When asked if staff would act on complaints, responses were not very reassuring. One person said 'don't know', another said 'unsure, heard and seen both sides', someone else said 'it's strange here', while a fourth person said 'no.... not had to complain'. When asked whether complaints were taken seriously, the two people who answered were unsure with a resident commenting 'not sure - there are strange things here' and another saying 'don't know - sometimes yes, sometimes not.' Worryingly, all three people who answered the question 'do you think staff would treat you differently if you did complain' responded in the affirmative. Their comments were: 'I think so', 'yes' and 'a fear that might happen'.

No one was aware of a comments/complaints box being available.

When asked whether they would feel able to tell anyone if they were treated badly one person said 'I would tell my family', another said 'yes - some unpleasant staff', and a third said yes, 'sometimes, I hear things of violence'. It was unclear whether these 'things of violence' directly related to Ellesmere. Someone else was 'not sure' they would tell anyone, 'depends on what happened'. When asked who they would tell, one person said staff member/manager, another said 'whoever is in charge', one person said 'I would tell everybody', while three would opt to tell friends or family. Of the five people who answered the question, none reported being treated badly. No one reported ever being restrained physically.

## 4.10 Overall ratings

Residents were asked how they would rate the service at Ellesmere and given the option of excellent, very good, average, not very good and bad. Of the eight people who answered this question six people described it as average, one as very good. The last person said it varied from excellent to average depending who was on duty.

#### 4.11 Least likes

Six people responded to the question what they least liked about the service. Their responses included: '...the food - it's vile' 'sometimes the staff can be short', 'not an activity each day', and 'one nurse across two floors and only two care workers per floor'.

## 5. Conclusion

Many aspects of Ellesmere are positive. The physical environment was praised and overall, there seemed to be a genuine effort on behalf of the majority of staff to interact with residents during our visits. Positive interaction between residents was also noted. The activity observed by the Champions was felt to be interactive and enjoyable for residents with a great turnout. The Manager and several staff members were very welcoming, honest and realistic about the challenges Ellesmere faces.

However, there are a number of concerns. These include the standard of food, which seems to be deterring some residents from eating and meaning that others are requesting food from friends and family.

The lack of confidence in the complaints procedure is concerning. Some residents suggested they would be too scared to complain. It is unclear whether a specific incident has caused this problem or whether it is more that residents are uncertain about the complaints procedure and perhaps do not have strong enough relationships with staff members to trust them with their concerns.

Whilst many of the staff members were commended by Dignity Champions and residents, it seemed that others were not as communicative and some could be unfriendly and lacking in patience at times.

While reports of personal care and privacy for using the toilet were good, personal space was not always respected. Some bathrooms were being used for storage and some staff members entered bedrooms without knocking.

Some residents also suggested activities were not always geared to the significant spectrum of need in the home and therefore did not suit their needs. With several residents reporting loneliness it was suggested a greater focus needed to be placed on activities and in ensuring staff interactions were appropriate and supporting wider engagement in line with stated personal outcomes.

## 6. Recommendations

### Environment

- 6.1 Improve plant care so that all plants look fresh and healthy.
- 6.2 Ensure storerooms and cupboards are closed and secured when not in use

### Bathrooms and toilets

- 6.3 Ensure bathrooms are not used as storerooms so that all facilities are available for use and residents can bathe or shower in a safe and hazard-free space.

### Eating and Nutrition

- 6.4 Make sure residents do not have to wait too long for their food once they are seated at the table.
- 6.5 Some residents do not like the food at Ellesmere. It is suggested that the management carries out a survey to find out if there are any general issues with the food. Residents could also be asked what their favourite meal is so preferences can be reflected on the menu and whether there are any specific meals they really do not like. In the cases of residents who are losing weight and/or dehydrated, the underlying issues must be urgently addressed.
- 6.6 Ensure that everyone knows that snacks are available throughout the day as required.

### Activities

- 6.7 Review the activity programme to ensure that there is something for everyone and all levels of mental capacity are catered for.
- 6.8 Ensure there are enough opportunities for everyone who wishes to and is able to, to make visits outside the home
- 6.9 Make sure staff are trained to identify the signs of loneliness and to make extra effort to support people who are not socialising or take part in activities. Look at general ideas such as befriending schemes with local volunteer agencies. Ensure that people are asked at care planning meetings whether they are feeling lonely and what might make a difference to them.

### Staff and communication

- 6.10 The majority of staff seemed to be polite, courteous and friendly in their interactions with residents; however, reports from several residents suggested that a few staff were not always so polite. Management should keep an eye on staff interactions and ensure that any reports of bad communication are dealt with effectively.
- 6.11 All residents and families should be asked their opinion of the services they receive at Ellesmere on a regular basis, which does not seem to be happening at the moment. Feedback should be used to make ongoing improvements.
- 6.12 The importance of being patient with all residents at all times should be emphasised to staff. Dementia training might help staff to communicate effectively with some residents.

- 6.13** Staff need to make more time to talk to residents and get to know them, especially considering several of the residents reported loneliness. This should be included as a key target in their work performance. New staff members should be encouraged to introduce themselves to residents and get to know them from the outset.
- 6.14** Look at whether staff levels, especially nursing staff, are presenting a risk to residents' health and wellbeing.

### Care planning

- 6.15** Residents need to have more involvement in the planning of their care. All residents should be aware of their care plans and should have regular meetings with a staff member to review their care and give feedback on their experiences.

### Privacy

- 6.16** While it may be considered unsafe for some residents to lock their bedroom doors, every attempt should be made to respect their personal space. Staff members should be trained to always knock and wait before entering residents' rooms unless in case of emergency. Do not disturb signs could be provided to give residents some measure of privacy if locks are considered unsuitable.

### Feedback and complaints

- 6.17** The lack of faith in and even fear for a minority, of complaining is very worrying. Management needs to investigate the cause of this and ensure that a clear complaints procedure is put in place which reassures residents they will not be treated differently for making a complaint and ensure they are informed about how the complaint is followed up.
- 6.18** Staff, especially managers, need to build better relationships with residents so that they are more likely to trust them with their concerns.
- 6.19** A comments/complaints box could be introduced to facilitate anonymous feedback.

## 7. Contact details

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