

# healthwatch

## Central West London

St Vincent's spot check report

December 2014



## Executive Summary

Healthwatch CWL is the independent consumer champion for people who use health and social care services. Our team of dignity champions are volunteers recruited from the local community who work to improve standards of dignity in the local sector.

The champions previously carried out an assessment from 25<sup>th</sup> - 28<sup>th</sup> November 2013 and reported on significant concerns<sup>1</sup> to the provider Care UK, the Care Quality Commission, the adult safeguarding team and the health and care commissioners to ensure improvements were monitored through contract monitoring. Further to a new concern being brought to the attention of Healthwatch, we carried out a follow up 'spot check' of St Vincent's care home between the 5<sup>th</sup> and 10<sup>th</sup> December 2014 to ensure our recommendations had been implemented.

The spot check was carried out through visits at different times of the day; early in the morning (to observe breakfast) and in the middle of the day (to observe lunch). Overall, the champions found the home was quiet and calm during the spot check. We were also pleased to note there had been some improvements in the décor and to observe a festive activity taking place.

However, champions again raised significant concerns about the lack of communication between staff and residents. Notably and in contrast to our last visit, the majority of residents were in their bedrooms during our spot check. Champions observed staff walking in and out of rooms, supporting meals and deliberately leaving bedroom doors open without engaging. This happened to such an extent that one resident was surprised to learn there was a right to privacy in the home. Our communication concerns were particularly noticeable on the top two floors.

Overall, the dignity champions noted the top floors were less homely with sparse décor in resident's rooms, unused communal spaces, poor information on notice boards and little engagement with the wider home or community. Engagement with the wider home and activities to suit the needs of residents also remained an issue.

### 1. Introduction

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

Healthwatch Central West London has nearly 6,000 members who share a passion for improving services across the London Borough of Hammersmith and Fulham, the Royal Borough of Kensington and Chelsea and the City of Westminster.

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<sup>1</sup> <http://healthwatchcwl.co.uk/wp-content/uploads/2014/01/St-Vincent-House-Final.pdf>

## The Dignity Challenge

High quality care services that respect peoples 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.

Our Dignity Champions' key priorities are to listen to 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>2</sup>.

## 2. What is a 'spot check?'

The Dignity Champions perform spot checks on local health and social care services they have previously assessed and reported on. This enables us to follow up on previous recommendations and also to perform an unannounced visit to gain a snapshot of the service on an average day. The provider is given some warning that a spot check will occur but not given a specific date. In contrast, when a full-scale assessment is undertaken by the champions' approximate dates are arranged with the provider for practical purposes as the champions often spend several days at the service.

## 3. Previous findings

St Vincent's was last assessed in November 2013. The assessment found significant room for improvement. A number of residents interviewed had concerns although a minority were content. At the time of that visit, all of the dignity champions were concerned about the general atmosphere of the home and the lack of respect shown by staff to residents. The top floor had the most issues with a bad odour,

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<sup>2</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/)

poor décor and residents reported privacy concerns. Our dignity champions also observed shouting and noise around the care home and felt this was an unpleasant environment for the residents.

## 4. Methodology

The Dignity Champions performed their spot check on St Vincent's using three methods:

- 1) Observation
- 2) Face to face interviews with residents
- 3) Conversations with staff members

The dignity champions recorded their observations and interview findings on the following areas; environment, mealtimes, activities and resident privacy.

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

## 5. Findings

St Vincent's care home has four floors, the ground floor has 'end of life' residents, first floor has long-term health conditions and floors two and three care for people with a diagnosis of dementia.

### 5.1 Environment

All the dignity champions felt that the home maintained a good level of cleanliness and the environment (on the whole) was tidy. Whereas there was an improvement on the other floors, the odour on the top floor remained a problem.

Several common rooms appeared to be used as staff rooms. For example, there was one with desks and we observed staff holding a meeting in another.

The utility cupboard had been left open in a communal area, with brooms etc on display, making it feel as if cleaning was in progress.

The champions noted the 'Jeremy Kyle' was on TV in all communal spaces but was not being watched by any residents.

Again, we observed a difference in the internal decor from floor to floor. The first floor had better furniture, better internal decoration and an overall sense of feeling like a 'home away from home' in comparison to the top two floors. Rooms had more personal belongings and lounge areas were warmer and more inviting than on the top two floors. As we visited at Christmas there was also a large difference between the quality of decoration on that floor and the lack of decorations on the top two floors.

The dignity champions were pleased to note there was a memory lounge and garden on the ground floor. However, when the champions enquired about the use of these facilities, a number of residents upstairs said the last time people came down was during the summer party/BBQ.

## **5.2 Bathrooms and toilets**

On the champion's previous visit to St Vincent's, the toilets and bathroom were 'grubby and smelly'. On this occasion they were all described 'clean,' and in a good state of repair. However, equipment was still being stored in these facilities causing potential access and safety issues. As with our previous visit, there was still signage in some bathrooms stating 'bathrooms only for residents use not staff'.

## **5.3 Resident safety**

In the previous report, there were many safety concern for example trolleys of medication and of cleaning products were left unattended. Furthermore, in one of the bedrooms a vacuum cleaner lead was left trailing across the floor.

During the spot check, a storage cupboard was left unlocked and open and there were trolleys left around the corridors.

On the whole, we felt that the environment was far safer than on our previous visit.

## **5.5 Resident privacy**

As with the previous assessment, staff members were not knocking on doors and waiting before entering the resident's rooms. Residents told us they did not have the right to lock their door. During the spot check, our champions observed staff purposely leaving room doors open and staff walking in to rooms without announcing themselves on numerous occasions.

When discussing privacy with a resident, they replied that they were unaware that they had any right to privacy at the home as it was so common for staff and residents to come in and out of rooms as they liked.

## **5.6 Eating and nutrition**

On this occasion our dignity champions observed breakfast and lunch being served. All the meals we observed looked to be an appropriate portion size. Staff assisting with meals provided us with information about how they cater for dietary requirements, choice and portion size. When asked, one resident said whilst there is 'enough' food, they would like more - especially in the evening. Another resident told us their family bring them food (snacks) to eat because there is not enough food.

Generally staff in the dining area were supporting residents with their meals. However, we observed a resident sleeping at the table, this person was asleep (with their meal nearby) for more than 10 minutes. The resident was then woken by a staff member and encouraged to carry on eating.

When asked if food consumption was noted for each resident, a member of staff on duty told us that this is not recorded.

Our champions were concerned that often when water was left in people's bedrooms it was at quite a distance and was not within easy reach/accessible to all.

It was noted people in the rooms were either given a longer time to eat as when the dining room was all packed away, residents were still eating in their bedrooms.

### **5.7 Staff and communication**

In November 2013, champions pointed out that staff were not communicating well with residents on 'personal matters and loneliness'.

On this visit, champions noticed that whilst staff were being very helpful towards the residents in the dining areas and taking breakfast to different rooms, staff were not talking to residents.

Champions were concerned at the overall lack of interaction between staff and residents. At a 'one-to-one' session with a resident, the member of staff was on the computer with her back to the resident. It was only when the resident actually got up to walk away did the staff member start to engage.

Residents (on different floors) also told us that the staff were always really busy but do try. Another resident explained that there were 'staff you get on with and others that you don't'.

During our spot check, champions overheard a heated argument (between staff members) happening within earshot of two bed-bound residents. This incident was later reported to the manager before our champions left the home.

On the day we attended, we were pleased to note an intergenerational activity was taking place. However, this did not seem to have been communicated effectively to residents on the top two floors and there was no one in attendance from either floor.

### **5.8 Activities**

In November 2013, three activities were cancelled and this was very worrying for the Dignity Champions as many of the residents seemed lonely. Residents also told us they were not happy. A family member described staff as being too lazy to support the residents to come down to the activities floor. There were no activities at weekends either.

In December 2014, we noted an activity poster on display in the lift outlining the range of activities that were taking place on different days.

During our recent spot check, local primary school children came to sing Christmas carols. As explained above, there were no residents in attendance from the top two floors, this was flagged to a member of staff who said they had all been asked but apparently no one wanted to attend the activity. When the champions asked if they knew about the Christmas carols activity, residents told us they had not been made aware of it.

One of the residents (who did attend the activity) told our dignity champions that she was surprised she was supported to attend the activity as this did not normally happen.

One resident told us that he would prefer if there were more opportunities for leaving the home and going 'just to the shops' but, he felt this was not possible as the staff were too busy.

### **5.9 Resident well being**

In 2013, we had significant concerns about the wellbeing of residents. Residents were distressed, shouting and aggressive. We had also observed a resident lying on the floor and wanting to go home.

In December 2014, our Champions noted residents seemed calmer. They were all appropriately dressed and the odour issues had significantly improved.

However, we did not there were far fewer residents 'up and about' as there had been during our previous visit. The majority of residents were in their rooms and not in communal spaces.

All of our champions expressed concern at the lack of interaction between staff and residents and an increasing sense of isolation.

## **6. Conclusion**

Overall, our dignity champions noted St Vincent's had made improvements since our last visit. The atmosphere was quiet on each floor and residents were calm.

However, we remain quite concerned about the lack of interaction between staff and residents; between residents and between residents and their wider community. Communication and interaction was noted as being particularly poor on the top two floors.

Champions were pleased to observe the festive activity and would welcome a greater focus on activities to meet the needs of the residents. Through person centred discussions, social outcomes should be discussed with residents to ensure communal areas, facilities and friendships are supported.

## **7. Recommendations**

### **Environment**

1. All floors should have similar internal décor and be accessible to and supportive of people with dementia

2. Residents should be supported to access communal spaces, the memory room and the garden on the ground floor
3. Residents should be supported to decorate their rooms to meet their needs and if this is not possible then the care home could offer some support to create a more homely and accessible environment
4. Staff should not use communal spaces for their personal use e.g. office space or watching TV
5. Bathrooms should not be used for storage.

### Privacy

6. All staff should knock and wait before entering someone's room and announce themselves if the resident is not able to respond.
7. A safe locking system should be used to enable residents to close their bedroom doors and have privacy.

### Safety

8. All cupboards should be closed and locked.

### Eating and nutrition

9. Residents should be encouraged to leave their rooms at meal times and join other residents in the dining area
10. The activities coordinator should ensure mealtimes are a sociable occasion to maximise attendance and keep residents engaged
11. Staff should talk to residents when assisting people with their meals in the dining rooms and in the bedrooms
12. Keep a full record of food and fluid consumption.

### Activities

13. Ensure all residents are supported to engage with activities
14. Staff should receive dementia awareness training so they are aware of how to engage and appropriate activities to support all residents
15. Bring activities to the upper floors if illness prevents residents from coming to the ground floor
16. Build links with the community and with external organisations who can support and provide activities to the home

### Resident wellbeing

17. Ensure all care plans are up to date with information about residents' interests, personal details and their care preferences so that staff can access clear information to start conversations of interest with residents.

## 8. Next steps

After 20 working days, this reports and the Care UK response will be published and circulated to key stakeholders including Hammersmith and Fulham BC and the Care Quality Commission.

## 9. Contact

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