



Details of the Visit

Service Address & contact telephone number	Morven House 48 Uplands Road Kenley Surrey CR8 5EF Tel: 020 8660 9093
Service Provider	Morven Healthcare Ltd
Date and time	Monday September 11th from 11 - 12.45
Authorised Representatives (ARs)	Vanessa Hosford, Michael Hembest, Robyn Bone, Geraldine Bolam, Gillian Khalighi and Sylvia Wachuku-King.
Service provided	Morven House is a residential care home for older people living with dementia, some of whom experience mental health issues. The accommodation is arranged over three floors and there is a passenger lift for residents. At the time of our visit there were 32 residents but the home can accommodate up to 40 residents.

In writing the report Healthwatch Croydon will refer to people living in this home as residents, rather than Service Users. Where we refer to family, we mean both family and friends who we surveyed.

Acknowledgements: Healthwatch Croydon would like to thank Veronica Hearn the Deputy Manager of Morven House and her staff and residents for their co-operation during the visit and for making us welcome. We thank Family and friends for their responses to our survey.

Purpose of the visit: To observe the interaction between staff and residents to assess the activities undertaken in relation to the resident and how behaviours are managed. As part of this Healthwatch aims to try and seek out the voices of those who are often least heard and who may live in environments which may be isolated from the wider community.

Healthwatch Croydon carries out Enter and View visits as part of its overall remit. On this occasion six Authorised Representatives (ARs) carried out tasks that included: observations; speaking to residents and staff. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvements and when appropriate, commend good practice. The Health and Social Care Act allows Healthwatch Croydon representatives to observe service delivery and talk to residents, their families and carers

on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. The visits can happen if people tell us there is a problem with a service but equally they can take place where services have a good reputation, i.e. where homes are run effectively in meeting the needs of their residents.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch Croydon's Safeguarding policy. If at any time an authorised representative observes anything that they feel uncomfortable about they need to tell their lead who will inform the service manager, ending the visit. In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to Croydon Council's Safeguarding Team.

For the purpose of this report the following 10 quality indicators have been used in line with those developed by the charity **Independent Age** and as used by **Camden Healthwatch**.

Each paragraph will begin with the Indicator number as listed below

A good care home should.....

1. Have a registered manager in post
2. Have a stable workforce
3. Employ staff who have the right skills for the work involved
4. Have enough staff on duty during the day and night
5. Be clear about how they will be able to meet residents' needs both now and in the future
6. Actively involves residents, family, friends and the local community in the life of the home.
7. Offer meaningful and enjoyable activities to suit all tastes
8. Enable residents to see a GP or other health professionals such as dentists, opticians and chiropodists.
9. Accommodate residents' cultural and lifestyle needs
10. Show that they're always looking to improve.

A traffic light colour coding will be used to rate the level to which the indicator was met taking into account the observations and replies to questions during the visit and via questionnaires from family members that were received after the visit.

1. A good care home should have a registered manager in post.

The registered manager is the most important staff member in a care home - and the one responsible for ensuring quality standards, and residents' needs are met. They should be visible within the care home, provide good leadership to staff, and have experience of working in care homes and qualifications to help them do their job.

The manager was on annual leave but Healthwatch Croydon decided to go ahead with the visit. The deputy told us that she had been a manager elsewhere but wanted to be a deputy, she said she enjoyed being with the elderly and working in a hands-on role.

She told us about the way things operate within the home.

Before a resident moves into the home an initial assessment is carried out. However, she said this did not always fully reflect the needs/behaviours of a resident as some were carried out in a hospital environment. The home draws up Care plans and these include the family as well as others involved in the person's life or care. We were told that Care plans were in place for all residents and reviewed every six months or when the needs of a resident changed.

The staff we spoke to also said that the manager was approachable and in one case gave weekly support. Also she said that you could go to the manager if you had any concerns, it wasn't necessary to book an appointment. We were told that there is a communication book for comments.

The family member we spoke to during our visit knew who the manager was.

Healthwatch also asked Morven House to distribute 'Family and Friends' surveys. The surveys returned to Healthwatch by post indicated that relatives know the manager by name. All respondents said that the Manager is friendly. She was described as 'always willing to spare time to talk', 'supportive in every way', and 'helpful'.

1. Does Morven House meet the Indicator?



Yes, fully.

Staff and family members alike definitely knew who the manager was, but perhaps a suggestion would be to have pictures of who is who visibly displayed?

2. Does Morven House have a stable workforce? Care homes with knowledgeable, experienced staff who get to know residents can make the difference between an institution and a home. Where turnover of staff is very high, these qualities can be lost. It may also be a sign that staff are not happy working in the home.

From the management perspective there appeared to be a lot of training available for staff and they were actively encouraged to develop their skills.

The deputy manager spoke about on-line training and hands-on training, staff were paid to attend training. There was a key- worker system where staff took a particular interest in 3-4 residents. The deputy said that staff were encouraged to 'get to know' the residents. She spoke about the Best Interests meetings which staff attended and we were told that there were no outstanding Deprivation of Liberty (DoLs) applications.

The deputy carries out supervisions every 3 months and training audits, staff appraisals are carried out yearly of the residents who were asked none knew who the manager was but we felt we needed to bear in mind that the home caters for residents with dementia.

There was a sense from the staff interviewed that they liked their job and liked to involve residents in activities, and in one interview the staff member said she 'liked to make them happy'.

We understood the manager was relatively new and the deputy manager was too and The Head of Care who had worked at Morven House before had just come back after working elsewhere so there was a degree of change going on at the home.

Also, we were told that there was going to be a recruitment drive for more staff. On the day we visited, there generally appeared to be sufficient staff on duty. At times Healthwatch observed that residents would have benefited from more support and interaction in the lounge.

2. Does the home meet the Indicator?



Yes, mostly.

We recognised that the home had recently been through changes at management level as well as the issue of staff turnover. However, this is typical in the context of residential care.

Six members of staff had been in post for more than six years, which we felt offered some core stability.

3. Employ staff who have the right skills for the work involved. Well informed, skilled staff who are valued and developed as employees are vital to a smooth running care home. All care homes should have a clear, comprehensive training scheme to ensure staff have the knowledge they need.

The home carried out induction for all staff and training was provided including, Safeguarding, Infection Control, Manual Handling, Medication control, Dementia and Health & Safety. Training needs are identified through supervision with staff.

One staff member spoke about being put on a course for Activities Leadership and using an Alzheimer's template for talking to residents, another was studying for an NVQ 5. Another said she was guided by the manager.

The family members who responded to our questionnaires stated that staff have the time and skills to care for their relative. One respondent went on to say that some staff have excellent people skills which they use to take time out to listen to resident's problems and concerns.

During our visit Healthwatch observed a staff member lifting a drink to the lips of a resident who recoiled. The member of staff tried again even though the resident had indicated that they did not want any more. This caused the resident to exert themselves in recoiling even further.

On one occasion a member of staff knelt down at a dining table to speak to a resident. It was noted that the Activities Coordinator was pouring tea and that she was positive in her tone and body language.

Staff were meeting the basic needs of safety and nutrition but in general Healthwatch ARs observed little caring and meaningful interaction between staff and residents. A member of staff was noticed correcting a resident in a brusque manner about something that the ARs felt was insignificant. One resident had a cup of tea and wanted another which was offered and then poured. The resident did not communicate verbally. The resident was clean and well presented. Little effort was made to converse with the resident.

3. Does the home meet the indicator?



Yes, somewhat.

While the home informed us that it had sufficient training for all staff, we observed a lack of 'person centeredness' in some interactions.

4. Are there enough staff on duty during the day and night? Many homes have a lower proportion of staff on during the night, but if the ratio falls too low - at any time of day - response times can be too slow.

As we were not there at night we could not comment on this but during our visit there was a visible staff presence. They were serving teas and generally around.

One member of staff commented that sometimes she felt she didn't have sufficient time for the residents.

The family members who responded via our survey reported that they were confident that their friend or relative was supported to eat and drink as much as they needed.

There was an argument in the dining room and a resident looked bewildered, grimacing and looking frightened. How the resident reacted wasn't noticed by staff. The dispute was resolved but they did not go as far as to check the impact on the other residents.

A later follow up question after the visit was posed to the Manager on current staffing levels.

* Apart from the manager, deputy and Head of Care there are 25 care staff working various hours

* Looking at continuity of staff we were told that six of these had been in post for more than six years. This suggests a fairly high turnover of staff which is typical of the care sector.

* The ratios during the day are a Senior Care member of staff and 4 carers and at night a Senior Care member of staff and 2 carers.

4. Does the home meet the indicator?



Yes, mostly.

Relative's feedback was positive, although on the day of the visit Healthwatch observed that residents would have benefitted from more staff interaction in the lounge area.

5. Be clear about how they will be able to meet your needs both now and in the future. *Many of us will develop more care needs as we get older - particularly, if we have a condition like dementia. It is vital that homes can spot changes to residents' health and respond appropriately - consulting other health professionals where necessary - in order to provide the right level of care, and prevent you from having to move again.*

The on-going reviews of Care plans helped in documenting any changes and the home spoke of its GP and visiting health services, e.g. Dentists, every six months, opticians and chiropodists. Chiropody can be expensive and some is privately arranged by the family, if not Social Services offer a podiatry service. However, one resident said that she'd been 'waiting for some glasses for a long time', another that she had not seen either a GP or an optician.

Staff were encouraged to get to know the residents and feed back any issues. There was a Communication Book for this.

The home demonstrated how it was managing the needs of a resident who was reaching the end of her life with the support of the GP, District Nurse and St Christopher's Hospice.

Where possible the home was working on Advanced Care Plans with residents but for some it was inappropriate due to their levels of understanding. It was a sensitive issue to discuss.

Staff told Healthwatch that home was developing a 'reminiscence corridor' for the residents.

We asked Friends and family how well staff know their relatives' life history, personality, and health care needs. Responses ranged from 'a necessary extent', 'some know my relative very well, and respond appropriately', knowing them 'well' and 'very well, and thorough'

All Friends and Family surveyed reported that the home notices and responds when residents needs change, an example of this was 'giving encouragement to promote positive change' and by 'visits to the hospital'

5. Does the home meet the indicator?



Yes, well.

Both Morven House and Family and Friends answered positively with regard to how the home meets the needs of residents.

6. Actively involve residents, family, friends and their local community in the life of the home. *Homes should have a clear way for residents, relatives and friends to get involved in decision-making in the home, if they choose to, such as a Residents and Relatives Committee. Homes should not have set visiting hours, or any other arrangements that make them feel more like a hospital than a home. They should have good links with the local community, for example by arranging visits from local schools.*

In terms of 'homeliness' the area where we saw residents i.e. the dining room and lounges were bright and airy. It was slightly divided which made each area more homely, i.e. rather than one big room for everyone. In addition there was a large conservatory. At the time of our visit it was not being used but a few residents wandered in and out.

The home arranges trips out to places such as Garden Centres and transport is hired. The home is located in a road that turns off a private road in a fairly rural setting in Kenley. It is clear that the only way to go out is by hired transport.

Meetings are held for the residents, family and friends and we were shown the minutes.

Three out of four Family and Friends who responded to our survey said that they were a welcome participant in the life of the home, and all of these said that they thought mealtimes at Morven House were sociable.

6. Does the home meet the indicator?



Yes, well.

We were told of the activities and events in the home and as the home is situated in a fairly remote setting it was good to hear that residents were being taken out by hiring transport.

7. Offer meaningful activity and enjoyment to suit all tastes. Care homes should not be boring places - they should offer an interesting range of activities and entertainment that match the tastes and preferences of their residents, including support for individual activity. Homes should take steps to stop residents from becoming isolated or lonely while respecting their privacy and choice

The home offers residents BBQs, having their hair done, cooking, model making, baking, arts and crafts, scrabble and movies in the afternoon. Staff told us that domestic therapy pets are brought in for the residents to feel and touch. One resident was sorting material and another knitting, one was sitting with a doll. A member of staff was playing balloon tennis with a few residents. Other residents were chatting to each other. A resident said that they could go out into the garden when they wanted.

Two respondents to our survey said that they know what activities are offered, that the activities coordinator explained their programme to them, another went on to say that their relative joins in with group activities such as gardening and excursions. One reported that they thought activities available inside and outside the home were 'quite good'.

Relatives all said that their family or friend were supported and encouraged to take part in activities, one said that praise was used to encourage participation.

One resident spoke very positively about the home saying she liked to help others, she said she wanted to make 'the best of it'. The resident was clean and well presented.

7. Does the home meet the indicator?



Yes, well.

Apart from a few observations, overall the ARs felt that the home was achieving this indicator. However, the ARs would have liked to see more interaction and verbal communication with residents when encouraging them to do things or when explaining things to them.

8. Make sure that you can see a GP or other health professional like a dentist, optician or chiropodist, whenever you need to. You have the same rights to see a health professional promptly if you are living in a care home as you would if you were living in your own home. Ask the care home about the relationship they have with their local NHS services - does a GP visit regularly? Can they call a GP out in an emergency? How easy is it for residents to see a dentist, optician, chiropodist or physiotherapist, either for a check-up or in an emergency?

Dentist's checks are carried out regularly, Opticians and Chiropodists also visit. Chiropody can be expensive and some is privately arranged by the family, if not Social Services offer a podiatry service.

However, one resident said that she'd been waiting for spectacles for a long time, another that she had not seen either a GP or an Optician.

A resident who had recently had a fall said that she could not see from her left eye at all, although this may have been known to the home.

Healthwatch surveys asked friends and families of residents if there was a Dentist and Optometrist who visits regularly, and no family or friends of residents reported any visits. Our responses said they had 'not seen Optometrist', 'don't know but needs to see an Optometrist, saying that their relative 'cannot see with their current glasses', and 'not made use of these services yet'.

8. Does the home meet the indicator?



Yes, somewhat.

Although we were told about regular visits from Healthcare Professionals there seemed to be differences in the actual outcome of these when we asked residents or family members. We would suggest checking that all residents have had appropriate health related checks to ensure they are not hampered by poor eyesight/hearing or foot care or experiencing any other health issues.

9. Accommodate your cultural and lifestyle needs. *Care homes should be set up to meet cultural and lifestyle needs as well as care needs, and shouldn't make you feel uncomfortable if you do things differently to other residents. They should also be proactive in finding out what your needs are, so they can accommodate them.*

Resident's cultural needs were noted in their Care Plans. We were told that there were a lot of residents in the home who were atheists.

Morven House informed us that someone from the church comes to give communion and sing hymns. We were also told that residents could have communion on request.

Family and Friends reported that their relatives have no cultural, lifestyle or religious needs, although one respondent said that she is aware of other residents who do have such needs, and that they are met.

We were informed that one resident does not eat pork, and that this was accommodated.

9. Does the home meet the indicator?



Yes, fully.

The home met the indicator with the current residents living there at the time.

10. Show that they're always looking to improve. *You should be able to find out what current residents, their families and friends think about the home. The care home should be happy to help you do this - for example, by putting you in touch with a residents and relatives group, or allowing you to speak to residents and visitors in private. They should also have support in place for people who wish to make a complaint at any time, and there should be a healthy culture of challenge and feedback between residents, relatives and staff.*

Meetings with residents and families took place and they take this time to reminisce and share histories. Photos are used to arouse interest and ideas. An example of this was the son of one resident who made a bird table that has attracted interest.

We asked Family and Friends what ways, along with their relative, they can feed back into how the home is run, one reply suggested feeding back attending the meetings and participating in discussions, another commented that 'staff are always there to talk to'.

Healthwatch asked if Family and Friends would know how to make a complaint should they want to, two respondents indicated that they would know how to make a complaint, and another specified that they would talk to the management, but did not communicate a known procedure.

Three of four of these respondents said that they were confident that the complaint would be acted on appropriately.

10. Does the home meet the indicator?



Yes, mostly.

We were told about the activities in the home and the soon to be developed 'Reminiscence Corridor'. We look forward to that space being developed which will enhance and hopefully stimulate thought, ideas and memories for the residents.

We would like to see a clear procedure for residents, family and friends for feedback and complaints.

Summary / Key findings

- The home has a registered manager and overall the home appeared to be operating satisfactorily
- We were not alerted to any significant issues about the workforce although we were told that a recruitment drive is planned which suggests that they may need more staff.
- We would have liked to have seen follow ups to staff appraisals to ensure areas identified as needing more work were being progressed - after 6 months?
- The rooms and environment downstairs were clean, bright and welcoming. There were no odours and the furniture was well maintained and clean. Overall the residents were clean and well turned out. Some of the resident's artwork was displayed and we were told that the curtains in the lounge had been chosen by the residents.
- We had some concerns about staff interaction with the residents in terms of speaking to them and addressing them while carrying out tasks, e.g. when helping with eating, drinking etc. It gave rise to the question of whether staff had enough time to 'give' to residents during their shifts to ensure that the residents had the opportunity for social interaction, especially the less able ones.
- In particular we had concerns about the condition of one of the upstairs bedrooms where a curtain was visibly hanging off the rail for several centimetres and there was a 30cm tear in the carpet that had been crudely repaired and presented a trip hazard. The sink was blocked with dirty water half filling it and there was a wood veneer bedside cabinet in the middle of the room with sharp edges. The resident said she did not want any pictures or personal effects, TV or radio. The Head of Care was alerted to this issue and ARs were told that they'd get someone to fix it. This seems to be an area that requires immediate action.
- The health of the residents seems to be catered for though through their personal care plans. However not everyone said they had seen a GP and there were some issues about opticians and glasses.
- Dietary needs were catered for, an example was not giving residents who were Muslims, pork. Also we were told that the chef would try and accommodate requests from the residents where possible. We would like to have seen halal meat and vegetarian options.
- Residents were able to have hot drinks when they wanted and there was evidence of residents drinking refreshments during the mid morning.
- Some residents attended a church service in the home. Though as far as we were made aware no one attends services outside the home unless accompanied by relatives.
- Cultural needs were acknowledged.
- We were not made aware of any community links but geographically the home does not appear to be in a setting which lends itself to this, being a semi rural location. The only way to reach the home is by car or taxi or by a fairly long walk uphill from the station. However, the home spoke about taking residents out and about using hired transport.

Comments from the manager in response to the report:

'Thank you for your report. I have taken on board your comments and I will work with Veronica to compile an action plan.

It is always good to have fresh eyes and suggestions for improvements.

Thank you again for your time'

And more specific comments about healthcare and activities:

I was surprised about the Optometrists comments, as we have regular visits and eye checks from Visionary Eye Care. 0800 052 0355, Jamal Zaman. Please call them to confirm their visits, if you wish. We have a chiropodist who visits every 6 weeks. Her prices are £21.00. With regards to a dentist we use The Domiciliary Dental Practice. We are part of three local GP surgeries and GP's, District Nurses visit weekly, or more frequently, if required. Residents' medication is regularly reviewed by the GP.

Residents recently attended a church service at St John the Baptist escorted by staff. Transport was arranged by the church.

The bedroom mentioned in your report was dealt with by the Head of Care with immediate effect.

We have also recently had visits from the local pet therapy and we have written to the local schools, brownies to invite them to our home to sing carols at Christmas.

The Beavers and Scouts have been invited to come in for their community badge, camp fire songs.