



Report of Enter and View

Clarendon Nursing Home, 7a Zion Place,
Thornton Heath, Croydon CR78RR

HEALTHWATCH CROYDON CIC

2014

Report by: Michael Hembest and Sandra Wright, Authorised Representatives

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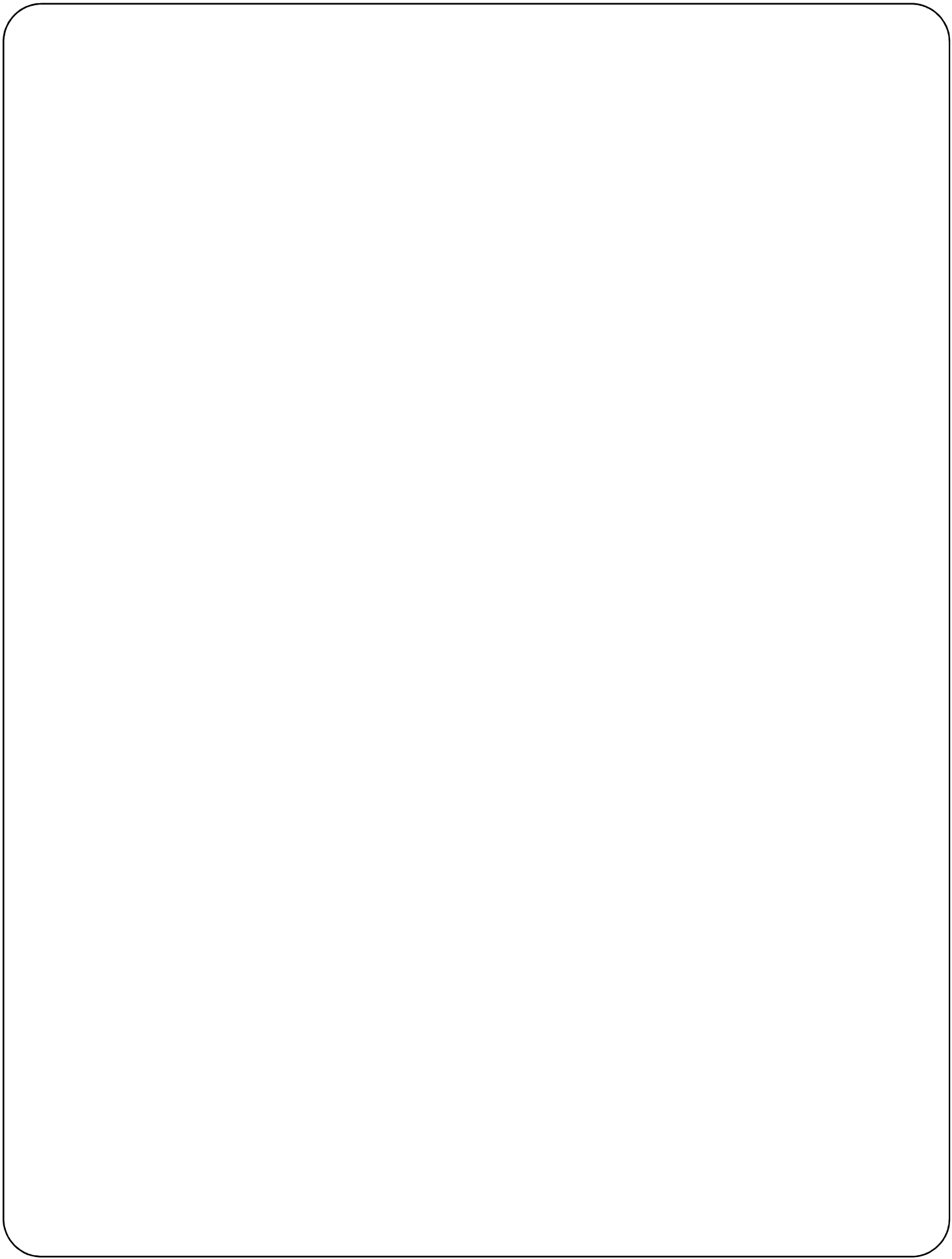
Healthwatch Croydon CIC

Healthwatch Croydon CIC is the independent consumer champion for those children, young people and adults who use health and social care services in the borough. It:

- works to ensure consumers views about services are represented both locally and nationally;
- focuses on local voices being able to influence the delivery and design of local services;
- has statutory powers that enable local Croydon people to influence Health and Social Care services under the Health and Social Care Act 2012.

Healthwatch Croydon CIC finds out what people want from their health and social care services such as hospitals, GPs, care homes and pharmacies. This is referenced against information gathered from health and social care providers and commissioners and national and local research sources. Healthwatch Croydon CIC also produces reports about services visited and makes recommendations for action.

As part of this role Healthwatch Croydon CIC has statutory powers to undertake an Enter and View visits of publicly funded Health or Social Care premises. Enter and Views are undertaken when Healthwatch Croydon CIC wishes to address an issue of specific concern and gives the opportunity to its trained Authorised Enter and View Representatives (ARs) to find out the quality of services and obtain the views of the people using those services. Our Enter and View policy is available to view at www.healthwatch.co.uk. You may also wish to look at the Department of Health “Code of Conduct” relating to Enter and View at www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_087285



Background to Visit

Elderly care is one of the key priorities of Healthwatch Croydon.

Clarendon Nursing Home

Date and Time of Visit:	Thursday 4 th Sept 2014, 11.00-13.00 hours
Establishment Visited:	Clarendon Nursing Home
Enter and View Representatives:	Michael Hembest and Sandra Wright

Methodology

ARs gathered information through observation; they also carried out interviews with patients and staff members logging all data with an interview sheet, which included a set of qualitative questions designed to capture issues relating to patients' care within the home including:

- how the setting treats patients with respect and each person as an individual;
- what measures are in place to meet spiritual, cultural, physical, practical and emotional patients' needs and improve their quality of life;
- how they engage with family members.

Two questionnaires (included in this report) were compiled by ARs at a briefing meeting held on 27th August 2014. They discussed, planned their visit and allocated tasks. Some questions were targeted at patients (relatives or carers) while others were solely for staff members. The representatives worked as a pair and while one asked the questions the other wrote the response. Representatives interviewed:

- 2 patients and 1 relative
- 3 members of staff

Both representatives observed the general environmental conditions and patients' movements; scrutiny areas included levels of hygiene/cleanliness, support to patients and staff levels.

Observations

Clarendon Nursing Home is a nursing home in Thornton Heath registered with the Care Quality Commission caring for 47 frail older people and those with dementia. The capacity of the nursing home was recently reduced from 51. The representatives were not able to assess if the setting was at full capacity on the day of the visit, as it was not possible to see all floors within the timeframe.

ARs commented that the nursing home felt safe and clean; they didn't notice strong unpleasant smells and staff were very busy cleaning the rooms and common areas. Representatives did not locate cleaning rotas in public areas but felt confident that cleaning was routinely carried out.

There was a calm atmosphere, with no obvious noise coming from the nearby railway station or outside road. There is a lovely dining room offering well-dressed tables and comfortable chairs, a common room with a television and a smaller quiet room. ARs observed that the quiet room has a television, which might disturb residents looking for a silent and noiseless environment.

Representatives noticed a very unattractive space near the common room that could be decorated and nicely furnished to become a game room / an area for family members to sit down with their loved ones during a visit.

ARs observed that none of the facilities/equipment for residents to have a bath was in working condition; representatives were advised that patients can either have a shower or a bed wash. Staff had requested for them to be repaired, apparently with no immediate success.

The centre does not have a proper outside space in the form of a quiet and relaxing garden or patio area where residents could relax when the weather allows. The front of the house was on a reasonably busy road and had a broken bench, which has probably been there for a long time and

that was removed on the day of the E&V visit. ARs felt that the back garden was small, dark and mainly used as a smoking area.

The care home seemed well staffed; there was a good number of staff members around on the day of the visit although representatives did not clearly understand what their roles were, how many of them were nurses rather than care assistants or other members of staff. ARs felt that the approach that staff had with patients on the day lacked a personal, caring and warm touch with assistants rushing to serve meals or medicines to patients in a professional but slightly cold manner and using a loud tone of voice at most times.

Representatives also noticed that most residents seemed to spend a considerable amount of time in their wheelchairs, with patients remaining in their wheelchairs when dining or spending time in the rest room. When staff were asked why, time constraints were brought up as an issue.

Please refer to the notes below for scoring.

Cleanliness	Scoring 1 - 5 (1- Poor, 3 - adequate, 5 - excellent)	Comments
Kitchens	4	
Rest Room	3	ARs felt that there should not be a TV there as it may disrupt visits with relatives
TV Room	4	
Bathrooms	0	Residents not able to take baths as equipment is not working.
Shower	4	

Individual - Room	4	
Reception	4	
Corridors	4	
General State of Repair (Specific Areas)	4	
Cleaning - Rosters	NA	Did not see

Staffing	Scoring 1 - 5 (1- Poor, 3 - adequate, 5 - excellent)	Comments
Level of cover	3	Was told it was OK but no way of verifying. Unfortunately ARs did not see a nurse and the nurses' station was closed.
Uniform	5	All looked OK & smart and clean
Training	4	Representatives were told about the matrix framework for training & if followed through, then it was very good. The staff confirmed it was actually working.
Attitude of staff	3	

Morale of Staff	4	ARs saw nothing to suggest difficulties.
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Patients	Scoring 1 - 5 (1- Poor, 3 - adequate, 5 - excellent)	Comments
Diet Needs	4	ARs saw the residents' meals and they looked lovely.
Contact with professional	3	
Do you see your family or friends	4	From what ARs saw there were no restrictions.
Are you happy with the care you're getting?	4	All said they were happy with their care.
What do you think of the Décor & fittings	3	Adequate overall.

Support to Patients	Scoring 1 - 5 (1- Poor, 3 - adequate, 5 - excellent)	Comments
Care plan	NA	The manager said all residents have care plans but ARs were not shown them.

Feedback to staff (complaint)	1	ARs could not see any obvious comments box and were not told how residents or family members can put a complaint forward.
Exercise & Outings	3	ARs were told that they could be arranged.
Patient Reviews		n/a

Interviews with patients

ARs took on board the fact that residents of this care home have a variety of health related issues and some of them were not particularly able to express themselves clearly. However, ARs found interviewing residents and their family members slightly difficult; the manager introduced them to two patients and one relative but the users in question did not seem willing to share many comments/opinions on the care home and the quality of care provided. This resulted in very short interviews with not much information coming from interviewees. With the manager being around most of the time, representatives found that patients were looking at her maybe for approval and maybe felt slightly intimidated.

Resident 1 (female)

Tell me about your experience of Clarendon

Long time - but did not know how long

Are you able to communicate your issues to the doctor & staff?

Yes, I am satisfied on how my needs are met. The patient, when alone in the room with the representative, started to described how her denture was taken away from her and denied to her but, as soon as the manager reappeared she started repeating several times "Everything is fine", not wanting to give any more details or her experience at Clarendon, either in a positive or negative way.

Would you like to be kept informed with the outcomes of this work?

The patient was unable/unwilling to engage and provide an answer to formal questions, including one around safety (how safe do you feel) and food (is the food satisfactory).

Resident 2 (Male; Relative present)

Tell me about your experience of Clarendon

Wonderful.

Are you able to communicate your issues to the doctor & staff?

Yes

Do you understand the information given about your treatment?

Are your needs catered for (Spiritual/culturally/physical/practical/emotional)?

They allow family visit, which is important for me as I have a big family.

Is there anything else you would like to share?

All OK. The patient was unable/unwilling to engage and provide an answer to formal questions, including one around safety (how safe do you feel) and food (is the food satisfactory).

Would you like to be kept informed with the outcomes of this work?

The resident was interested in providing us with contact details.

Relative 1

Tell me about your experience of Clarendon

She said she was happy with the care her dad was getting.

Are you able to communicate your issues to the doctor & staff?

She was happy with interacting with the multi-disciplinary team.

Do you understand the information given about your relative's treatment?

Yes.

Are your needs catered for (Spiritual/culturally/physical/practical/emotional)

She found the food served excellent. She did not comment on anything else.

Is there anything else you would like to share?

No.

Would you like to be kept informed with the outcomes of this work?

The relative was not interested in providing us with contact details.

Interviews with staff

ARs made staff aware that the purpose of their work was to assist in the improvement of services, make recommendations and highlight where best practice was used. Staff were made aware of their presence and the manager was really accommodating in showing the representatives around the setting, although her continuous presence might have influenced staff's responses to the representatives' questions.

The manager also directed ARs into interviewing the three members of staff below, of whom only one had direct contact with residents. The representatives would have preferred to interview a care worker or a nurse.

All interviewed staff showed confidence that appropriate training is provided to them and seemed to enjoy working in the setting. Staffing levels seem adequate.

The main issue highlighted by staff, and reinforced by direct observation on the day, was that care workers/nurses did not engage with residents at a more personal level and did not seem to be prepared to incorporate emotional/moral support but only focused on the practical tasks/assistance.

Interview 1

Staff Member JB (with Manager present).
What Position: Chef

Please tell us of your experience working here

JB has been working there for 9 years. He has known good & bad times when previous owners had got into trouble. JB started working in the Care Home as a carer and then became a Chef.

What sense of achievement do you get from working here

She had advanced from Care Worker to Chef. JB was not thinking of going any further.

What challenges do you encounter when consulting with patients?

“Sometimes we are hit, but it happens all the time and I just laugh at it. It is no big deal”. On probing she said that she filled in an incident form.

What changes could be introduced to ensure the best care
No changes identified - all OK.

How regularly do you receive professional development training?
Yearly review of COSSH/Nutrition/Dementia awareness. Certificate for Chef.

Comment
Nice menu & nicely presented.

Interview 2

Staff Member C (with Manager present)
What Position: Kitchen Assistant

Please tell us of your experience working here
“I have been working here for 3 months; I am originally from Romania. I feel OK. I feel part of a team and enjoy being here and helping residents”.

What sense of achievement do you get from working here
No challenges but if they did come up, she would enjoy meeting them.

What challenges do you encounter when consulting with patients?
She seemed to have little contact with residents.

What changes could be introduced to ensure the best care
C said, “Everything all right.”

How regularly do you receive professional development training?
The Manager explained the Training Matrix. She explained that the matrix covers all the statutory and mandatory aspects that each member of staff has to be reviewed and trained on.

Interview 3

Staff Member G (with Manager present).
What Position: Activities Co-coordinator

Please tell us of your experience working here
G is happy and finds residents lovely; he enjoys making them smile and raising their spirits. G looks forward to coming to work every day.

What sense of achievement do you get from working here
G gets a great sense of achievement to see residents’ ability improved.

What challenges do you encounter when consulting with patients?

The dementia behavior is challenging but dealing by seeing them as a person and using a sense of humor pays off.

What changes could be introduced to ensure the best care

Very good support. Carers are a challenge. The physical side is OK but some support workers do not look after residents psychologically & spiritually, and do not engage them on a personal basis. A better interaction with residents should be the goal.

How regularly do you receive professional development training?

Meetings are to be held about activities. He mentioned that tasks should be “person centered”.

Recommendations

Issues raised by ARs have been grouped into the following six recommendations:

- *A more holistic approach to care to be embraced by all care staff.* There was a general feeling that care assistants/nurses could really improve the emotional wellbeing and quality of life of residents by incorporating greater empathy and a personalised touch in their approach. Although frail users might be confused at most times, they can respond well to body language (including holding hands, sitting down next to the patient showing interest in what they are doing etc);
- *Representatives would like to clarify/ask if spiritual support is offered to residents* in the form of visits from religious leaders;
- *Facilities would benefit from some improvements;* representatives mentioned the back garden being dark and mainly used as a smoking area and the potential to convert a presently unattractive space into a cosy, nicely decorated games room / meeting room. They also suggested removing the television in the quiet room to make sure it can offer a silent peaceful space to residents at all times. The last suggestion was to do with the bathrooms equipment, which is not working.
- *Appropriate outings should be organised during the summer in local parks/gardens* to compensate the lack of a relaxing outside area.
- *Consideration should be given to how to make sure that residents do not spend most of their times in their wheelchair.*

Approvals

PREPARED BY: _____

Authorised Enter and View Representatives (ARs)

Approved by: _____

Chair, Healthwatch Croydon CIC

