

Enter and View Visit

to

Holmwood House

Visits during March and April 2014

(31/03/14, 08/04/14, 10/04/14)

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Acknowledgements

We would like to express thanks and kindest wishes to the residents and their families, friends and carers who were willing to share a few hours of their time with us. We were made to feel welcome in their home, and hope that the time we spent speaking to them encouraged them to be confident when it comes to expecting high standards of care and service.

We would also like to express our gratitude to the care home manager, John Hardy, for his help and support; and to all care home staff who were willing to speak to us and accommodate our questions and needs during the visits. Staff were always helpful, and never obstructive.

Purpose of the visit

The visit forms part of an ongoing package of work being implemented by Healthwatch Bristol around examining the quality of care within local care homes, particularly where residents have - or could be expected to have - dementia.

Full details of the workplan for Healthwatch Bristol are available on the website.

Healthwatch Bristol were invited to visit Holmwood House by the Local Authority:

To gather views from residents and their families/friends on their personal experiences of Holmwood House.

To make observations on the overall care environment.

Methodology

How was practice observed?

We conducted a planning meeting with volunteers to identify methods of questioning. We also discussed how to best identify what observations to make during the visits.

Each visit took the form of a series of semi-structured interviews with residents and their families, friends and carers. Enter and view volunteers also spent time observing the home during a number of visits.

All volunteers were given some brief guidance around how to structure their questioning to ensure depth, but were also encouraged to develop their own discursive methods, whilst continually reflecting on how best to work with the specific abilities and needs of those to whom they were speaking.

Summary of data collected:

Data collected took the form of 'observations' and 'interviews'. Observations were gathered by all volunteers during their time at Holmwood House, being noted at the time and then collated afterwards. Interviews were conducted in-depth, with residents and their families, friends and carers. They were semi-structured and often wide-ranging. The notes taken during these interviews were collated by Healthwatch Bristol and used to inform this report.

Findings

Overall, the standard of care and service provided at Holmwood House is falling short of what could be reasonably expected from a facility which is designed to provide care and support for older and (in some cases) vulnerable people.

Reports from residents and their families, friends and carers creates a picture of a facility that is improving, but which has a long way to go before it achieves a level of quality that would pass a 'friends and family' test.

In some areas (such as governance, clarity around the roles and duties of staff, and clear management structure), the facility seems to be showing some early signs of improvement. We were provided with a coherent action plan by the manager which included plans for staff training and overhaul of procedures.

A full list of concerns raised can be found below, but in brief we observed:

- Insufficient resident choice
- Poor and unstimulating activities
- Little evidence of specialist or needs-specific support for residents with dementia
- A lack of proactive measures to improve the overall health, fitness and wellbeing of residents

Summary of findings /conclusions from general observations:

Although activities appear to be improving - we observed a manicure session during one visit, for example – overall there is a lack of intellectual and physical stimulation for residents. The activities board is poorly-maintained, and not accessible or visible to residents, though we were assured by staff that it is improving.

Menus should be more accessible- bigger font and at a height that wheelchair users can see easily.

There are some issues around procedural matters which should be noted. For example, the signing-in book was not confidential and could be accessed easily by anyone walking past the front door. We were not asked to sign-in, which was worrying in terms of fire regulations.

Hand sanitizer was not obviously available, though some volunteers felt that this could be part of a deliberate policy to avoid creating an institutional feeling around the home.

Cleanliness was generally very good.

Staff were sometimes seen to walk by residents without acknowledging their presence.

Flowers and plants were present, which was positive; but were sometimes dead, which was unfortunate and should be avoided.

Summary of findings/observations/conclusions from interviews:

Resident Lived Experience:

Resident choice does not seem to be at the heart of day-to-day proceedings. Where residents are given a degree of choice, it does not appear to arise from any meaningful survey of the interests or desires of the residents themselves.

Residents do not appear to be confident enough to exercise their right to express their individuality. Routine seems to be ingrained, and although some residents are aware of some degree of choice afforded to them, they rarely seem to take advantage of it. There is a general air of resignation and apathy towards the issue of personal choice and preference:

‘I could sit by the window, but if I sat there, then the person who usually sits there would have to move and it wouldn’t be fair, would it?’

Residents enjoy regular church services, singing hymns and the interaction with church visitors. The religious needs of residents seem to be met very well. For example, several Catholic residents spoke of their joy at meeting with the Catholic Priest regularly.

Cuts to catering staff hours raises questions around whether enough time is being dedicated to ensuring that mealtimes are pleasurable for residents, rather than being purely functional. There is also some concern around whether there is enough time to ensure that all residents are properly fed.

Although there is a limited degree of choice over washing and personal care arrangements, on some occasions residents reported that staff had complained to them that they were ‘overworked’. Most residents were generally satisfied with the arrangements over personal care. However,

there were a number of issues around personal preference that could and should be resolved.

Residents were pleased at the freedom they had to decide when they slept and woke. For example, one resident proudly informed us that:

‘I’m the first one up each morning’.

Another resident volunteered that they chose to go to bed much later. Only one resident seemed dissatisfied with arrangements around sleeping and waking.

(Getting up in the morning is arranged) ‘...To suit staff not me and if it doesn’t suit I can whistle’.

Some residents were concerned about repeated hospitalisation. It was felt that perhaps it would be worth examining how the needs of residents were being met in regards to more effectively promoting and supporting their health and wellbeing, with a view to preventing illness and accidents.

It was concerning that a small number of those interviewed felt that health, mobility and wellbeing had declined as a direct result of living at Holmwood House. Some residents had also experienced weight loss. For one resident, there was also a concern that they could be socially isolated due to habitually sitting with their back to the rest of the residents, in order to see out of the window.

The quality of service received from members of staff was generally said to be reasonable to good. The manager knew each resident by name and greeted them in turn when entering a room, for example, and several other staff members appeared to have a decent rapport with residents. However, it was also noted that some residents felt that the quality of service varied widely depending on which member of staff was caring for, or interacting with, them.

Simple changes could be made to improve the quality of life of many residents. One stated that:

‘The TV is always on. But I can’t see it’ (several residents were sitting with their backs to the wall-mounted TV screen).

Several residents seemed keen to spend more time outdoors, but it was apparent that generally residents did not go outside often enough. One volunteered that they go outside ‘in the summer’:

‘I’m not taken outside much- I would like to go out – I think it’s because it needs two members of staff to do this’.

Several aspirations were expressed by those interviewed which did not appear to have been heard or met. It was clear that the quality of life experienced by residents could be improved by taking these aspirations into account. Some of those struggling with memory loss and other symptoms brought on by dementia could perhaps benefit from ‘memory corners’ or activities that encouraged them to reminisce.

Trips out to local locations that were important during childhood would greatly benefit several residents- something which could potentially be pursued with local charities or voluntary sector organisations.

The rights of residents to entertain visitors are respected. Residents repeatedly informed us that visitors are allowed to visit at most times of day, and the majority of residents appeared happy with the arrangements:

‘My brother in law visits. He has taken me out in the car’.

There were concerns around the wellbeing of residents with specific health conditions and associated needs. It was felt that more could be done to ensure that specialist support was available to residents (though it is acknowledged that residents may not choose to accept this support if it is offered).

Discussions with Relatives:

Relatives of residents have noticed a recent improvement in the quality of service at Holmwood House:

‘There has been a new regime over the past few weeks... things have picked up’.

‘The nurses are talking to relatives more’.

‘I’m confident that if I raise a concern, it will be acted on. Things have got better since the CQC. There’s a new nursing manager. Individual nurses and care assistants influence what happens’.

However, relatives also raised some concerns about poor attention to detail and high turnover of staff.

The vast majority of relatives interviewed were very pleased with the quality of the food and nutrition received by residents, though the vegetarian option was sometimes said to be unimaginative.

Relatives repeatedly expressed a desire for residents to be taken outside more often, and for activities to be more frequent and engaging.

Other issues mentioned included showers being limited to once a week, residents having a choice around clothes but not really being encouraged to exercise it, the call bell being broken, and in one instance a concern that a resident is often wet due to an unmanaged incontinence problem.

Recommendations

- 1. Residents need to be at the heart of decision-making at Holmwood House- whether it is around where they are sitting, which activities are on offer, or whether they can go outside into the garden.**

Attempts to consult residents need to empower them, recognising their personal histories, cultural identity, interests and hobbies. Any work around this should include the families of residents where possible.

Specialist help should be sought from voluntary sector groups who specialise in working with those who are affected by dementia. Healthwatch Bristol can signpost if needed.

- 2. Holmwood House needs to introduce activities which are creatively and intelligently designed to improve the physical and mental health and wellbeing of residents.**
- 3. Holmwood House should examine how to improve the health and wellbeing of residents as part of their daily routine. Exercise and stimulation should be built into the lives of residents as far as possible.**
- 4. Staff should be encouraged to be more interactive with residents.**
- 5. Residents' suggestions such as eating foods that were remembered from childhood; visiting favourite local places; and trips out to the seaside should be followed up where practicable. If these aspirations cannot be met by staff at Holmwood House, then efforts should be made to link up with local charities and voluntary sector groups which could potentially help to meet this need. Healthwatch Bristol can provide this signposting service to Holmwood House.**
- 6. Holmwood House should check whether residents are enjoying mealtimes, and whether enough time is being set**

aside to ensure that they do. Hydration is important, and staff should be careful to ensure that residents are hydrated enough (this needs to go beyond just providing drinks, and should include making sure that they are consumed). Record-keeping around hydration is also important.

7. Staff should be reminded of the importance of being attentive to detail. If residents express a preference, then this should be quickly and attentively incorporated into future care and support.
8. Residents should be able to attract staff attention quickly and easily.

Immediate service improvements:

Hand sanitizer stations to be put in place (or if they are in place, to be made more obvious to staff and visitors).

A review of which health promotion measures could be introduced, with a view to improving the health of residents.

A review of how residents with dementia can be better cared-for, which should incorporate expert input from the voluntary sector.

A review of how patient choice can be promoted at every opportunity during day to day life at Holmwood House.

Disclaimer

- This report relates only to a series of specific visits (a series of points in time)
- This report is not representative of all service users (only those who contributed, or chose to contribute, within the restricted time available).

Appendix 1: All Feedback from Residents:

General

- 'it's alright, it's not home'
- It's not too good, not too bad
- (in terms of routine) They do what they want. I'm in bed most of the time. The wheelchair is not easy to use/move. I would like to be reassessed for a wheelchair.
- I'm quite happy living here
- The night staff are not available when needed- don't see them.
- The night staff don't come in and say hello so I don't know who's around and what they're up to.
- I didn't like my room because I could hear the lady screaming at night but I got it changed and it is much better.
- There is always someone in charge of the buzzer in the room to press if anyone is ill etc.
- I never have a change of position in the lounge. Always face the same wall
- There have been changes recently for the better
- The new carers are learning on the job
- There is a sense of community.
- As a care home it's very good. Has its faults like any other place
- It's hard to get used to not having my own home. Hard to cope with lack of personalisation/ feeling ownership.. it's a cycle of hospital/care/hospital/care
- Not happy here
- Some individual staff have attitude problems

Food

- 'The food is ok, medium'
- Have breakfast in bed by choice

- I can't complain about the food
- I can't use the dining room because the table is the wrong height. I prefer to eat in my room
- I have minced food. Used to love pork chops (spoke to nursing staff, has refused dentures)
- I enjoy the food, I like ice cream, I liked my lunch
- I have lunch in a different wheelchair that's for the dining room
- When I want to ask for a drink someone is around
- I have a choice of two dinners. If I don't like it sometimes I can leave it.
- I have enough to drink and variety of it. They have dropped afternoon tea
- The food is ok. I have a choice.
- I sit in my wheelchair in the dining room
- I have meals in my wheelchair. My wheelchair is good, I can sit at the tables with other people.
- I enjoy the food and there's enough. It's balanced food. I have a special chair as I have a problem with my foot. They give me a special trolley for eating.
- The food can be repetitive. Great improvement with the new cook, very friendly, 3 choices -I've put on a stone!
- The vegetarian meals are just a meal without meat, not a complete meal.
- I have squash at dinner time and during the day on request. Tea during the day. Mug of cocoa at night.
- The food is alright. It's better now there is a new cook. I can make requests.
- I would love to get Jamaican food- plantain, breadfruit, curry goat, rice and peas.
- I enjoyed the BBQ's last year – be good to see them again
- Mealtimes are in a rush because of shorter hours for the cook
- The tea is stewed in horrid plastic cups.
- The food is served on my stomach on the bed – not really happy with that.

Activities

- The tv is always on- I can't see it'
- One resident stated that she is taken out into the garden sometimes

- Can talk to other residents
- I'm not taken outside much- I would like to go out – I think it's because it needs two members of staff to do this.
- The barber does come but it's expensive
- I would like more physiotherapy
- I'm not interested in activities. I don't want to go outside.
- There's only music
- I can't do much as I don't have good use of my hands
- Sometimes we do have entertainment, I fell asleep. We had someone singing.
- Once a fortnight there is singing and playing instruments. I enjoy it, I sing along with them.
- I have a tv in my own room
- I like the tv in the common room with other people
- Take me to the pictures
- The carers try to do activities but often people don't want to do it, they fall asleep- I've always done it
- I like gardening. I would like to be involved with planting small plants or tomatoes in boxes.
- I like the Church coming in. They cater to my religious needs. I put in a request when I moved in.
- Residents don't want to do activities.
- I'm not interested in the activities, I watch TV.
- The Priest visits once a month
- I would love to go to Barry Island and be by the sea
- I'm not able to access activities as I'm always in my room. I wish I could get out of bed more. I had walking frames at home.

Visitors

- My daughters, grandchildren and great grandchildren visit
- My son visits once a fortnight and I see my grandchildren and great grandchildren
- My brother in law visits. He has taken me out in the car

- I can have visitors whenever. I see my son often.
- I can have visitors any time.

Care

- I get help with a wash in the morning. I don't like a shower. I'm not offered a bath
- I tell the staff what I want to wear
- I do get a shave, I can't remember if it's every day.
- I prefer to be shaved by a man
- I used to wear contact lenses, I need to have my eyesight checked
- The GP visits weekly
- I get shower weekly
- Variable care. Staff leave after a while. They don't talk but that's ok.
- Lots of staff around and they are doing a good job. They look after me well.
- When asked about washing/showers- I write down my name on a board for what I want and they arrange it
- When I ring my buzzer they come quickly, but they complain about being overworked
- The carers are ok
- I'm in my wheelchair during the day. If staff think about it they will put me in a comfy chair.
- Shower once a week – quite happy
- No choice with time getting up or going to bed – not happy about this.
- Night staff caused my upset (question of abuse. Spoke to Morgan, member of staff suspended)
- It takes too long for clothes to be washed and returned.
- It's difficult in my bedroom to get into bed.
- Good to have a zimmer with wheels
- I'm worried about falls- having accidents, dying from a fall
- Getting up in the morning 'to suit staff not me and if it doesn't suit I can whistle' . Sometimes 5am. I don't sleep well anyway.
- I need to see a dentist

- Don't know if I still have a social worker.
- I'd like to see a physio
- Wheelchair not comfortable.
- Staff don't always understand my needs.
- Long time to answer the bell (staff)
- The water is not very hot for washing

Appendix 2: All Feedback from Relatives:

General

- There has been a new regime over the past few weeks- things have picked up.
- The nurses are talking to relatives more
- A lot of staff changes, it's now changing for the better. Before had been left in her room.
- Attention to detail is missing
- Why are residents always sitting in the same place?
- There have been a lot of changes, the matron left but it's about the same. She came out and prepared dinner, worked with the staff
- There is a high turn over of staff.
- I'm confident that if I raise a concern it will be acted on. Things have got better since the CQC. There's a new nursing manager. Individual nurses/care assistants influence what happens

Food

- The food is good
- The food is quite nice
- has to have pureed food. not taken in to the dining room, fed in the quiet room.
- Not enough variety with vegetarian food
- Staff in the kitchen finish at 4.30, had their hours cut. Everyone has to be fed and everything away by 5.30

- Lost weight but now gaining. On supplements. There is a written record of what is eaten. Carers do feed but I'm not confident it's all eaten.
- The food is good.
- There is a choice of food. The carers ask what the residents want.

Activities

- Staff are beginning to take out into the garden
- is always parked in the same place
- Got a new coordinator. There was not much going on, but not a lot now
- They have had a hairdresser in
- There are no activities now, there is music sometimes but people just fall asleep.
- The church comes in once a month
- No opportunity for walking. Used to walk at home but not walked here until seen by the physio , is losing mobility. Now walking every day to the dining room.
- A lot of TV
- One carer is now activity coordinator
- Carers sometimes sit down and chat.
- Sing songs, people come in.
- The Vicar has come in.
- There should be more activities.
- Sometimes the chair is not in a place where Can see the TV
- Had own TV- remote vanished.

Care

- Care staff have done hair beautifully
- has a shower only once a week, that's the way they do it.
- could make a choice about clothes but it doesn't happen. It would take time to do this. I'm not always pleased with how..... is dressed. Not always happy about the state of the laundry.
- nails are done. Manicure sets are available

- The staff are good but there are not always staff available.'wets' – staff do take her away to clean her but on a weekly basis she is wet. wears pads, wore pads at home.
- has clean clothes every day, not sure about choice.
- Hairdresser weekly.
- When Was admitted to hospital I had to keep asking what was happening
- There was a pinch mark on leg last October.
- The call bell still needs to be fixed

Appendix 3: All Observations:

- Signing in book in the lobby. Not confidential. We were not asked to sign in.
- Didn't see any anti bac gel around (one in lobby but none around the home)
- Didn't see any activities advertised (activities board in the hall way, not accessible to residents)
- The menu displayed could be more accessible to residents in a larger font and at wheelchair height.
- Tv on all the time
- Carers bringing residents into the lounge had no interaction with other residents
- Staff don't speak to residents when they pass by them in the foyer or wheel them into the sitting room.
- Manager addressed all residents by name as he walked about.
- Clean
- Doesn't smell
- Tables had table cloths and paper napkins
- Cutlery was smeary
- Light and airy

- No water available – who ensures residents drink and are well hydrated?
(Was available next visit)
- Residents seem to be ‘parked’ in the same place daily.
- Didn’t see access to buzzers in communal areas and often no staff around.
How do residents ask for drinks or to go to the toilet? (Found one lady in charge of buzzer next visit)
- There are flowers but the plants are dead
- The conservatory is full of wheelchairs and equipment (told they were using the space for testing) (Cleared by next visit.)
- Clean linen
- Floors clean
- Resident had dirty glasses
- one lady needed pureed food (because she had no dentures!) and was fed on her own in the quiet sitting room and not taken to the dining room. The social aspect of eating together is really important regardless of whether or not it is difficult to get a wheelchair near the table or someone needs assistance to eat their meal.
- Staff interaction was ok, laughing with residents, using their names.
- Cleanliness was good
- Upstairs was clean and tidy. The rooms we saw were large and light and airy.
- The bathrooms were clean
- One fire door was open, but not propped with anything (see action plan- is this one of the new ones?)
- Residents were having a manicure, staff were cheerful.
- The staff were all busy, not standing around chatting
- Residents had food and crumbs on their clothes after lunch
- Some residents had dirty faces after lunch
- Daffodils dead
- Urine odour upstairs
- Entrance hall odour