



Enter and View Visit

to

Osborne Court Care Home, Bedminster, Bristol

on

Thursday 30 April 2015 and

Friday 1 May 2015

Authorised representatives undertaking visit:

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Acknowledgements:

The Healthwatch Bristol enter and view team would like to thank the residents, staff and acting management team of Osborne Court care home for their hospitality and friendliness throughout both visits.

Purpose of the visit:

This enter and view forms part of the ongoing Healthwatch theme of dementia care. The purpose of the visits was to gauge the views of the residents, relatives and staff at Osborne Court as well as to observe interaction between staff and residents.

Methodology

How was practice observed?

The enter and view team split into two groups of two, with a pair of volunteers on each floor. The team spoke with residents and staff as well as making observations as they walked around the home. The enter and view team did not observe any personal care. The enter and view team did not enter any residents' rooms without their express consent. The enter and view team did not read any confidential information.

Summary of data collected

The findings from the visits will be grouped under separate headings.

Findings

Food and hydration

There are dining rooms on each floor where residents can eat if they wish. We were informed that residents can choose to eat in their

bedrooms if they wish. In the upstairs dining room there is a menu board but this did not list any meals available. We saw that there is a printed menu with meal options. We feel that it would be appropriate for the menu to be pictorial as it seemed rather 'wordy'.

In the dining room we saw a drink dispenser with squash readily available.

We observed that in the communal areas there were no drink jugs readily to hand for the residents; however we observed that when a resident requested a drink one was offered within a few moments of the request. On the upstairs floor (where the residents with dementia live) we also observed that a trolley with a selection of beverages was brought around.

A visitor told us that they do not think that the residents are given drinks often enough, and that they did this for their family member and other residents when they are visiting.

We observed that some of the glasses and crockery in the dining rooms were not entirely clean. We also observed that some of the tablecloths were stained.

Activities

Osborne Court has a nice garden but we were informed that, due to staffing shortages, it is not always possible for the residents on the dementia floor to have an opportunity to access the garden. During one of our visits an agency staff member was unable to direct us to the garden exit.

We were informed by a staff member that Osborne Court does not have its own minibus and that outings do not happen.

We were informed that Osborne Court does employ one part-time activities coordinator. From the conversations we had with staff and residents, it is apparent that this is insufficient. The activities coordinator has responsibility for both floors and a large group of residents with diverse needs and preferences.

In the entrance hall to Osborne Court there is an activities board which lists the week's activities. We were informed that many residents enjoy playing bingo in the communal areas. We were able to observe some evidence that residents were enjoying this activity and we observed that several residents were being brought into the communal area specifically to take part in this event. One resident enjoyed being involved in calling out the numbers and appeared to enjoy this activity.

The home has an activities newsletter which publicises the forthcoming events; whilst this is informative, it is rather 'wordy' and lacks pictures. There are no pictures of the residents engaging in activities on the activities board.

We were told by a visitor that the staff do not spend enough time with the residents, for example looking at photo albums or the things on display.

Care and support

Throughout both of the visits we observed that all of the care staff on both floors were outwardly friendly and welcoming. The interaction we observed between residents and care staff was positive; care staff were polite and supported residents in a calm and patient manner. We

observed some staff and residents laughing and appearing happy and relaxed in each other's company.

We were informed that Osborne Court operate a keyworker system so that the residents can experience the best continuity of care possible; however, the lack of a manager and the number of 'new' agency staff raises the issue of how the keyworker system operates. Poor handover between staff leaves a potential health and safety risk.

We observed that there seems to be a strong ethos amongst the care staff we spoke to; several care staff have worked at the home for over one year and one commented that 'I love this job'.

Several staff we spoke to reported that they have not received formal dementia training even though they support residents with dementia. We were informed that in three years the home has had three registered managers.

One care assistant we spoke to said that the frequent changes in management are 'unsettling'. Another staff member told us, 'I never see management.' We were also informed that staff shortages are quite common, which we were told impacts on outdoor activities and residents' opportunities to access the garden. Another staff member remarked that 'we need a good strong manager to manage'.

We spoke to agency nurses during the visits. We were informed that Osborne Court frequently uses agency nurses.

The dementia floor is split into two sections. One floor is for residents who are mobile and one is for those who are immobile. The team were impressed with this system because we felt it would mean that the care and support in each section can be more tailored to specific needs.

In the entrance lobby there is a touch pad where residents and visitors can leave anonymous feedback. The home also has easy-to-use complaints and comments forms which are freely available to residents and visitors.

Dignity and choice

Throughout both of the visits we observed that residents were spoken to in a polite and appropriate manner. There is a printed menu in the dining rooms and we were informed that residents can choose when and where to eat their meals.

On the dementia floor, outside of each resident's room, there is an A4 page of information about them, which includes their name and their interests. Whilst this visually looks nice and is very useful, especially as a reminder to agency/short term staff, it could amount to a breach of confidentiality as this information can be read by anyone on the floor, such as other visitors. Permission from residents (or relatives) should have been gained and recorded in the case notes. We do not know if this had happened.

We observed that a pair of pyjamas were hanging on a bannister on the ground floor in a communal area.

In the downstairs lounge, a large television was on. It was noted that only two residents seemed to be looking at it. Two residents were seated facing away from the television. Staff were talking to two residents. The residents were unable to see what was going on either outside through the window, or through the door – other than people walking past the room. There appears to be a lack of clarity as to what is the aim of the lounge. The foyer had seating, which appeared not to be used by

residents. This could be a more interesting place to sit as there is activity with people entering and departing, as well as staff talking etc.

A relative stated that they would not want to live there themselves. There was some concern.

We were told by a visitor that staff do not have time to get everyone up and dressed and into the lounge, leaving some lying in bed too long.

Health and safety

Whilst the garden is very nice, the path is rather uneven which we feel poses a trip hazard.

Throughout both visits we did observe other potential health and safety risks:

- in the upstairs dining room one of the tables had a wobbly leg
- a plan of the building was partially obscured by a wall display
- the corridor upstairs is particularly cluttered for a dementia setting
- the hand gel dispenser in the entrance lobby was empty and there are no other gel dispensers in the building
- on the dementia floor, the kitchen area in the dining room was left accessible to residents and the sink area was unclean
- on the dementia floor, we saw flaking walls, a loose pipe and waste sacks left in the bathroom
- we noticed that there were flakes of wall plaster in a bath tub, a used apron not properly disposed of and soiled pads in a waste sack left in the bathroom. This created an unpleasant odour in the bathroom
- on our first visit, a relative brought a dog into the home whilst visiting a resident. This created a nice social atmosphere; however

we observed that a staff member stroked the dog, did not wash their hands and then handled food

- we were not asked to sign in or out on either visit. DBS certificates were not checked. On the second visit there was no one on reception and no manager available
- whilst trying to plan the visits, we tried on numerous occasions to contact the acting manager, leaving voice mail messages and emails which were not responded to. Had we been relatives with concerns or even potential residents, this would have shown extremely poor service.

With regards to the bathroom, on the second visit (24 hours later) the bathroom was much cleaner.

We observed that the door frames were clean on both visits but that on the dementia floor parts of the carpet were stained.

On the first visit, there were four staff cleaning the building. We were told that normally there is one cleaner and that some other staff were brought in from another home. On the second visit there was no manager present and only one cleaner.

We spoke to two residents who told us they felt safe at Osborne Court.

Summary of findings and conclusions

The enter and view team were impressed with the quality of care provided to residents as well as the pleasant and friendly atmosphere created by the care staff.

Osborne Court employs conscientious and caring staff who appear to genuinely enjoy their work. We were concerned about the high turnover

of managers which, according to some of the staff we spoke to, results in a lack of contact with management. At the time of our visits there was no manager in post. Staff shortages increase the potential for a lack of care, and for the quality of care to be lower than that which should be expected.

Activities are offered but we feel the range of activities is rather narrow. It is apparent that the home is short of staff which is having an adverse impact on the activities available.

It was felt that the two floors seemed like two different homes with the dementia side less equipped to deal with the requirements of its specialism. Downstairs presented a contented residence.

Recommendations

1. Produce a large daily display menu with pictures.
2. Make provision for outdoor/offsite activities for residents.
3. Roll out dementia training for care staff.
4. Install gel dispensers throughout the home, perhaps one on each floor.
5. Address cleaning and refuse removal processes.

Immediate service improvements

1. Appoint a full time temporary manager immediately (agency or otherwise) and appoint a manager as soon as possible.
2. Ensure all bathrooms are kept hygienically clean at all times.
3. Ensure all visitors are requested to sign in and out of the building. Duty supervisor should be aware of who is in the building at any time.

Disclaimer

- This report relates only to two specific visits, on Thursday 30 April and Friday 1 May 2015.
- This report is not representative of all service users, staff and visitors (only those who contributed within the restricted time available)

Response from Osborne Court Care Home

Category	Inspection Findings	Our Response
Food & Hydration	<p>In the upstairs dining room there is a menu board but this did not list any meals available. We saw that there is a printed menu with meal options. We feel it would be appropriate for the menu to be pictorial as it seemed rather 'wordy'.</p>	<p>There is a pictorial menu on the wall of the upstairs dining room as well as a written menu. This was not up to date on the day of the visit but it is now updated daily by the kitchen assistant at breakfast time.</p>
	<p>We observed that in the communal areas there were no drink jugs readily to hand for residents.</p> <p>A visitor told us that they do not think that the residents are given drinks often enough and that they do this for their family member and other residents when they are visiting.</p>	<p>Drinks dispensers are available in dining rooms. Drinks are available on request and on the tea and coffee rounds. On the dementia unit, staff are continually offering and providing drinks. Jugs of drinks are available each day in the lounge downstairs; the dementia unit is managed differently due to higher risks.</p>
	<p>We observed that some of the glasses and crockery in the dining rooms were not entirely clean. We also observed that some of the tablecloths were stained.</p>	<p>I have looked at crockery and tablecloths and have found no stains but as I was not there on the day I was not able to see what stains were seen; it may just have been that tables had not been reset after breakfast when Healthwatch visited. However we have put in an order to purchase some new tablecloths and are awaiting delivery.</p>
Activities	<p>We were informed that due to staffing shortages it is not always possible for the residents on the dementia floor to have an opportunity to</p>	<p>We never plan to run the home short of staff, all staff absences are covered. We use a staffing tool called CHES which assesses the dependency of the</p>

	access the garden.	residents and guides us to what are the appropriate staffing numbers against the residents' needs. Currently we are running the home above the recommended suggested levels.
	We were informed by a staff member that Osborne Court does not own its own mini bus and outings do not happen.	There are generally two outings every summer but none during the winter. We can access mini bus services, or wheelchair adapted taxis. Residents also get taken out individually.
	Osborne Court employs 1 part time activities co-ordinator. From conversations we had with staff and residents it is apparent that this is insufficient.	We employ one Activities coordinator for 30 hours and another for an avg. of 16 hours. This provides adequate cover to both floors across the day.
	The home has an activities newsletter which publicises the forthcoming events; whilst this is informative it is rather wordy and lacks pictures. There are no pictures of the residents engaging in activities on the activities board.	The newsletter that they looked at is designed for visitors and families not residents and there are two picture boards (one upstairs and one downstairs) with photos of residents enjoying a variety of activities; however, we have taken your suggestions on board for future communications.
Care/Support	One care assistant we spoke to said that the frequent changes in management are 'unsettling'. Another staff member commented that 'I never see management'. Another staff member remarked that 'we need a good strong manager to manage.'	We currently only have one permanent nurse. Vacant hours are covered with regular agency which ensures consistency. At present there is no permanent manager or deputy. There is a full time interim manager now in post. RN recruitment has been successful and new staff should be in post by end of August.

	<p>On the dementia floor, outside of each resident's room there is an A4 page of information about them, their name and their interests. Whilst visually this looks nice and is very useful it could amount to a breach of confidentiality as this information can be read by anyone on the floor, such as visitors. Permission from residents (or relatives) should have been gained and recorded in the case notes.</p>	<p>The A4 sheets outside rooms are left there at the request of the families and those that did not want them on display were removed. Evidence is now in the care notes.</p>
	<p>We observed a pair of pyjamas was hanging on a bannister on the ground floor in a communal area.</p>	<p>Residents pyjamas were on a banister because on the way to assist a resident the carer stopped to assist another resident. Not wanting to take someone else's clothes with her (as per best practice for infection control), she left them outside the lounge on a bannister and collected them as soon as she finished.</p>
	<p>We were told by a visitor that staff do not have time to get everyone up and dressed into the lounge, leaving some lying in bed too long.</p>	<p>Residents are assisted as and when they wish; it is person centred care, not all residents want to go to the lounge or want to get up early. We also are encouraging residents and relatives to raise any concerns or issues at the time so it can be rectified or a response/ explanation given.</p>
<p>Health & Safety</p>	<p>The garden is very nice but the path is rather uneven which we feel poses a trip hazard.</p>	<p>The garden path has been levelled in most areas; there is a small joining section which is still waiting to be levelled off.</p>

	Upstairs dining room table had a wobbly leg.	This has been fixed.
	A plan of the building was partially obscured by a wall display.	The plan of the home is not obstructed as 3cm corner of white paper is covered by another information leaflet but it does not obscure any of the plan.
	The corridor upstairs is particularly cluttered for a dementia setting.	The corridors have been planned specifically to provide a stimulating and interesting environment, it is not clutter but themes and areas of interest which is promoted in dementia care.
	The gel dispenser in the entrance lobby was empty and there were no other gel dispensers in the building.	The gel dispenser was immediately refilled when it was brought to our attention; there is a second dispenser outside of the dementia unit. The number of dispensers is in line with the FSHC policy.
	On the dementia floor the kitchen area in the dining room was left accessible to residents and the sink area was unclean.	The small dining room has been locked and is no longer in use.
	On the dementia floor in the bathrooms we saw flaking walls, a loose pipe and waste sacks left in the bathroom.	The upstairs bathroom with flaky wall is not used as a bathroom. We are waiting for it to be converted to a wet room.(Signed capex received 19/6/2015)
	<p>We were not asked to sign in or out on either visit. DBS certificates were not checked.</p> <p>On the second visit there was no one on reception and no manager.</p>	<p>There is sufficient signage to encourage visitors to sign into the visitor's book. It is not clear if any further ID was shown.</p> <p>Healthwatch were aware there was no manager employed at the home at the time of the visit and the receptionist (administrator)</p>

		<p>was on annual leave. We have however acknowledged the oversight and possible implications and reminded all staff of the importance of asking for ID. DBS certificates are not normally asked for.</p>
	<p>During the process of trying to plan the visits we tried on numerous occasions to contact the acting manager, leaving voicemails messages and emails which were not responded to. Had we been relatives with concerns or even potential residents this would have shown extremely poor service.</p>	<p>The acting manager was covering two homes and not always based at Osborne Court. The challenges of this have been recognised and addressed and an interim manager has been put in place that will cover the home five days per week.</p>
	<p>On the first visit, there were four staff cleaning the building. We were told that normally there is one cleaner and that some other staff were brought in from another home.</p>	<p>Two more domestic staff have been employed which will ensure sufficient domestics are on duty.</p> <p>Additional staff were brought in to support the home due to the current shortfall.</p>