



Enter and View Visit

**Carrington House Residential Home
Carrington Way, Wincanton, BA9 9BE**

Date of Visit 7 July 2015

Authorised representative(s) undertaking visit:

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Acknowledgements

Healthwatch Somerset would like to thank the staff and residents of Carrington House for making us feel welcome and offering assistance during the Enter & View visit.

Purpose of the visit

- To seek the views of those who live in residential services, about the health and social care services that they use, including the residential service that they live in.
- To find out how those in residential care access the health and social care services they need.
- To identify and highlight areas of good practice to share with other providers

Methodology

The home was notified about the Enter & View visit 2 weeks prior to the visit. A letter was written to inform residents and visitors, which the home was asked to display.

On the day of the visit, the Enter & View team were keen to ensure that their presence did not get in the way of the care being given to residents. They had therefore requested to meet with the Manager or senior member of staff on duty to discuss how the visit could be best managed, and be informed of any issues that they needed to be aware of. Sue Harvey (Operations Manager) for 8 homes in the area joined the team and the Doreen Pursley (the Manager) for this discussion.

The Enter & View team then joined residents in communal areas to chat to residents and staff. The team ate lunch in the dining room which offered an opportunity to observe and speak to other residents.

The team then gave a brief verbal feedback to the manager.

The report was drafted and sent to the manager for their comments on any recommendations made which were recorded on the attached 'Recommendations Sheet.' The final report is sent to service commissioners, The Care Quality Commission and published on our website.

Summary

Carrington House is a purpose built residential home for up to 44 residents. There were 31 residents living in Carrington House at the time of the visit. Many of the residents were on a respite stay and the manager informed us that respite care or temporary care (to support a person to regain skills before returning home), represent a significant amount of their work.

There appeared to be enough staff on duty to support residents and staff were observed to be supportive and caring. The home made a number of efforts to support residents to go out into the community and also to encourage links with the local community by inviting schools and other community groups into the home.

Residents have good access to GP and other health services, many of whom visit the home regularly. Residents we spoke with told us they were happy and felt well cared for. The home had experienced difficulties with social services care plan reviews, hospital discharge and the Somerset safeguarding team and these are highlighted in the report.

Many areas of good practice have been noted and some recommendations made that it is hoped will assist the home to make further improvements.

Findings

The Environment

The home is a large purpose built building. There is a free car park nearby and a garden which residents are encouraged to use in good weather. Many but not all of the rooms have en-suite facilities. Bedrooms varied in size and we were told that residents can bring their own furniture if they wished. Each room has a lockable medicine cupboard which residents with capability, have the key to. This was observed to be checked by staff. The home has a lift and stair lift. It also has its own hairdressing salon which was being used by residents at the time of our visit.

Upon entering the reception area it was observed that the home seemed clean and light. There is a noticeboard displaying useful information in the hall way and it was noticed that a letter informing residents and visitors of our visit was displayed. There is a large dining area with a television on the ground floor. Residents' bedrooms are arranged in clusters on each floor with each group of bedrooms having lounge area nearby. This ensures that residents have a choice of areas where they can sit or chat to friends and family. We saw a kitchen area/ assessment room where residents or visitors could make a drink or snack.

Outside tidy well maintained grounds were seen that have good accessibility.

The Enter and View team noted that all the bedroom doors are painted white and that there are no pictures or memory boxes for individual bedrooms. The manager explained she had been considering plans to brighten the decoration and perhaps paint some murals. Good practice guidance for homes that specialise in dementia care recommends individualising bedroom doors and areas. The Enter & View team felt that this is something that can benefit other homes and would recommend that residents are consulted about the decoration of corridors and individualisation to bedroom doors and that existing plans to do this are implemented. **(See recommendation 1)**

Communication

Staff were observed offering a resident who was hard of hearing a choice of lunch options. The resident was not wearing a hearing aid and struggled to hear or understand the choices. It was also noted that he was isolated from the conversation at his table during lunch and left before dessert was offered. Another resident who wore a hearing aid was also observed to struggle to hear conversation over lunch. This highlighted that there may be a need for staff training in hearing loss. It was noted that no hearing loop system was installed in the home and no portable hearing loop system was available. Action on Hearing Loss (formerly RNID) state that on average, 80% of those living in residential homes will have significant hearing loss. The absence of hearing loop systems is likely to disable many residents and could lead to residents experiencing a number of difficulties with communication and isolation. The Enter & View team would therefore recommend that the home consult with Action on Hearing Loss and take advice on the installation of hearing loop systems. **Tel: 03332 405659 (See recommendation 2)**

Choice and independence

One resident was able to bring their dog with them into the home once risk assessment had been carried out. The decision to accept the dog in the home was seen as a positive one, with the aim of the action being to maintain independence and personal choice.

The Home offer respite care for many referrals, both long and short term. Day care can also be provided for those needing personal care. A residents told us that they were 'just passing through' receiving respite while their carer was away. The manager explained that the home have a role to play in looking to ensure 'crisis point prevention'. The Home strives to implement care plans on the first admission to the home so that they are in place for any return visit.

Children and families are welcome to visit the home at any time.

A wake was held at the home at the family's request and staff and residents were able to attend.

The Staff

Throughout the visit, members of staff were observed to support residents in a kind, respectful and dignified way. There appeared to be enough staff on duty at the time of the visit to support residents. All of the residents spoken to said that the staff were kind and caring. The Operational Manager told us that they are proud of their low staff turnover. All staff are trained to QCF level 2 or above and complete a 3 day training course on Dementia awareness including domestic, maintenance and catering staff.

Involvement.

The Manager informed us that the home has good links with the local schools and colleges. School children visit the home and college students are offered work experience placements. There is also a Somerset Care Facebook page for those who wish to be involved virtually.

Resident and family meetings are held 6 monthly and minutes were seen on the resident and family notice board. This was noted as good practice. 6 months can seem like a long time between meetings and we would recommend that the home look at our list of good practice examples in Resident & Family meetings to enhance resident and family meeting to see if there are examples there that may further enhance the success of these meetings **(See recommendation 3 & Appendix 2)**

The home makes regular quality assessments based on themed conversations to gain the views of residents, family, staff and stakeholders. 5% of all family members are telephoned monthly.

Activities

It was noted that there was a notice board in the hall displaying an activities time table for the day and that there were several activities for the day and evening which was considered particularly good practice. The manager told us that activities are also arranged for the weekend. The manager also explained that spending 1 to 1 time with a member of staff is important and that not all activities need to be organised.

The home has a computer that can be taken to residents and the manager told us that the activities staff sometimes use 'YouTube' videos for reminiscence activities. The Enter and View team wished to share information about a grant available to help people access the internet. The Enter & View team would recommend that the home

looks into the 'Get Connected' grant which exists to help those in social care access the Internet. The Get Connected website contains details about how this may also help those with dementia. www.scie.org.uk/workforce/getconnected/ (See **recommendation 4**)

The home is involved in a carnival club which helps to raise money for trips out for the residents. We also learned that the home has an 'Inter-home Quiz' with other Somerset Care Homes.

Two of the male residents we spoke to said that they had little to do and were bored and sometimes felt trapped as they had no family to take them out regularly. We have included a list of activities and good practice shared by other homes which we recommend Carrington House shares with their activities staff and at resident and family meetings to inspire ideas. This list includes some activities that have been popular with male residents at other homes. (Please see recommendation 5 and Appendix 1)

The Home has purchased equipment to help with reminiscence which is of particular importance to those residents who may have dementia. The equipment is called a 'Rempod' and is a pop up scene used to create an environment to stimulate the memory and senses. This was noted as innovative good practice and something we would like to share with other homes. More information about them can be seen by visiting www.rempods.co.uk

How do the residents of Carrington House access health and social care services?

Hospital appointments and admissions

Discharge from hospital and communications with hospitals is something that has been raised as an issue by other homes visited by Healthwatch Somerset. The Enter and View team asked the manager of Carrington House if they experienced any issues relating to hospital discharge. Residents of Carrington House mainly use Yeovil District Hospital (YDH) and the home has experienced problems with residents being discharged from hospital at busy times or late in the evening. The Enter and view team also learned that sometimes residents are discharged with high support needs and have to be readmitted to hospital shortly after being discharged. The manager also advised us that the forms containing detailed information about the resident including their likes/ dislikes, medication and needs often go missing and do not get to ward staff.

The manager told us that a resident had been left on a trolley for 5 hours and had soiled themselves while waiting for nursing assistance. A resident told us they had stayed on level 6 at YDH recently and that patients had been ignored by staff who were often talking at the end of the ward. We were told that a patient had wanted staff to take them to the toilet but kept being told they would have to wait. By the time staff came to assist them, they had soiled themselves. The manager also informed us of a resident who was left without his hearing aid at YDH. In addition there have been various examples of residents being returned inappropriately dressed or missing their false teeth which impacts on the residents' dignity as well as their health. These examples are clearly unacceptable and Healthwatch will note these issues and inform YDH of them.

It is recommended that...

- a) The home ensures ward staff at YDH are made aware of the home's need to assess all patients prior to discharge and that discharges will not be accepted after a certain time in the evening.
- b) that the home informs Healthwatch Somerset of any future difficulties relating to discharge from hospital.
- c) that Somerset Care write to the board of directors and the Chief Executive Officer of Yeovil district hospital outlining difficulties related to admissions and discharge, and copy the letter to Healthwatch Somerset. **(See recommendation 6)**
- d) The home use the Healthwatch document **'Hospital Admissions & Discharges – Good practice Examples (Appendix 3)**

Dental Services

We were told that there are no visiting dentists so residents are supported to access local dentists.

GPs

Local General Practitioners (GPs) visit the home and residents have a named GP. The manager informed us that they have a good relationship with local GPs and that they call the home on a daily basis.

Transport

Residents we spoke to said that staff supported them to get out and about and one resident said he had a mobility scooter and was able to access the shops as they were so nearby. Another resident said that they felt trapped and could not get out as much as they wanted.

The home does not have a mini bus and the cost of hiring one can be expensive. The Enter and View team would recommend that the home contacts 'You can do' T: 01278 664 180 who may be able to help with transport and Aster Living T: 0333 400

8299. Active living groups are often able to take residents out or transport them to Active living groups. More information can be found on the website www.somersetactiveliving.org.uk/welcome/ (See recommendation 7)

It is also recommended the home looks into talking to other organisations about the sharing of minibuses such as Rethink, local schools and scout groups. (See Recommendation 8)

Physiotherapy

Is available at the home for no extra charge

Chiropody

Is available at the home and Chiropodists visit frequently.

Occupational Therapy Services

Visit the home as and when needed.

Mental Health Services

Staff from the mental health team from Somerset Partnership visit the home promptly when needed. The manager said they have a good relationship with this team.

Social Services Care Plan Reviews

The manager informed us that several of the residents' care plans are overdue a review and that this can impact on the appropriateness of their care and crisis prevention. Healthwatch Somerset is aware of this issue and is working with Somerset Care and the Registered Care Providers Association to gain more information.

Safeguarding Team

The manager and operational manager informed us that they have experienced difficulties trying to get a timely response from the Adult Safeguarding Team once a safeguarding concern has been raised. This includes 'Deprivation of Liberty' (DOLS) cases. This means that once a concern about the safety of a resident has been raised there are often long delays before the safeguarding team respond meaning the resident may remain at risk. One of the issues that these delays can cause is the delayed timescale for burial whilst the safeguarding concern has been resolved by the authorities involved.

District Nurse

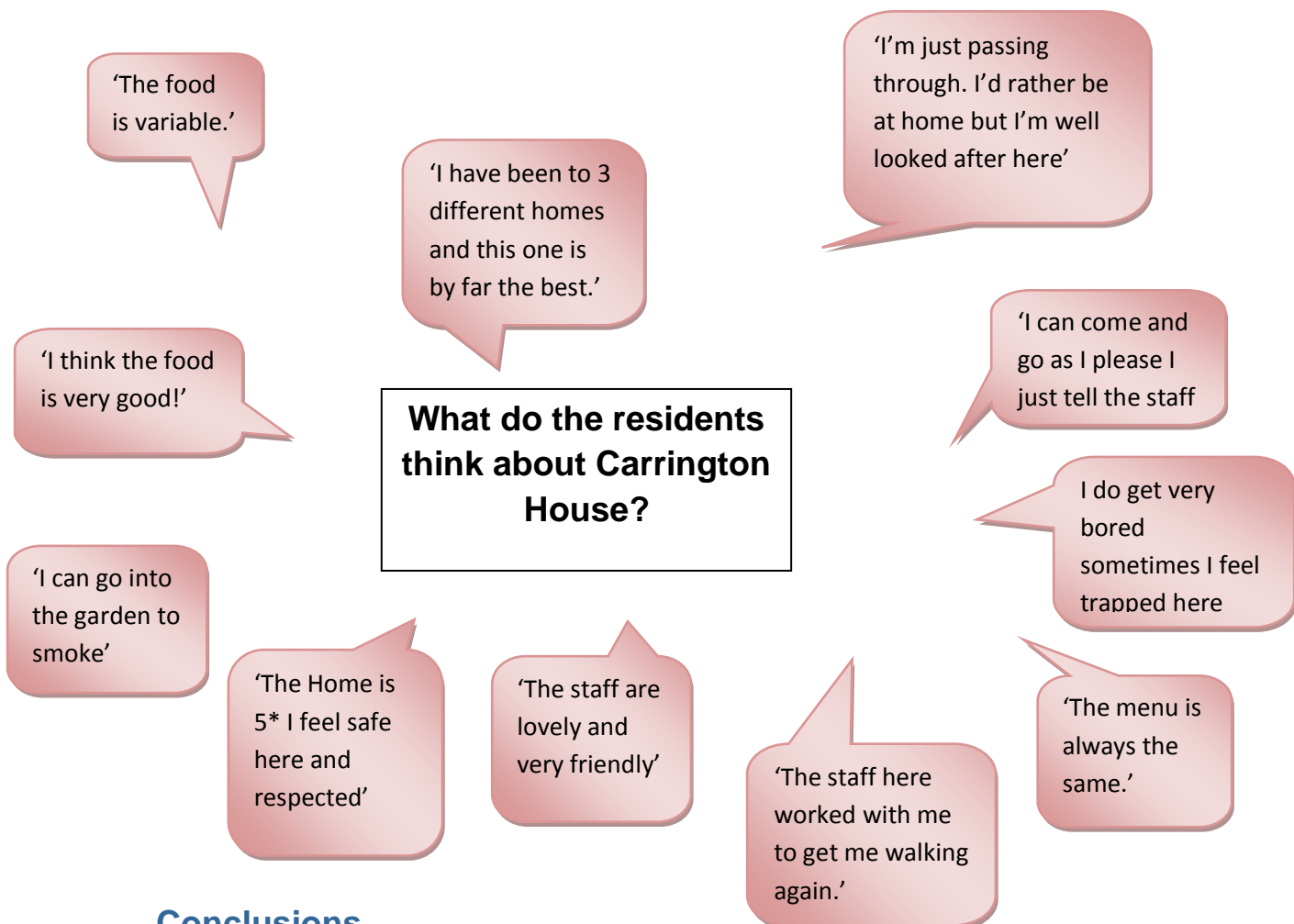
Attends the home daily.

Speech and Language Therapy

Attend the home as requested.

Social services care plan reviews.

The Operations Manager noted that Somerset Adult Care Services are currently very behind with care plan reviews which can lead to some people staying at the home longer than they need to.



Conclusions

Residents we spoke with seemed happy with the care they received. Staff were observed to treat residents with dignity and respect and the staff we spoke with seemed happy working Carrington House

The environment appeared to meet the needs of the residents and the lack of en-suite facilities in some rooms was not raised as an issue. Improvements to the environment can be made by consulting 'Action on Hearing Loss' as recommended, and by progressing plans to decorate and individualise residents' bedroom doors and corridors

Carrington House tried to involve residents and their families as well as the local community in different ways. The recommendations section of this report lists the good practice examples found on other visits that may assist the home to develop involvement further.

With regard to accessing other health and social care services, residents appeared to have good access to other services although the Manager identified some issues with hospital services, Social services Care plan reviews and the Safeguarding Team. It is hoped that some of our suggested recommendations will go some way towards addressing the issues faced by the service.

Overall, the Enter and View team was impressed with the service offered at Carrington House and grateful to the manager for sharing the issues they experience in liaising with health services. This has helped to inform Healthwatch Somerset of issues that exist for health and social care services in Somerset.

Disclaimer

- This report relates only to a specific visit (a point in time)
- This report is not representative of all service users (only those who contributed within the restricted time available)

Appendix 1

Residential/ Nursing Home - Activities List

Identified from Enter and View Visits 2015

A broad range of activities in residential services is important as it can provide residents with choices about meaningful ways in which to spend their time. It is especially so, when residents are no longer able to gain access to outside activities. Some homes have noted that engaging residents in activities is difficult and have struggled to find meaningful activities to offer. We have compiled this activities list from the Healthwatch Somerset Enter and View visits.

Activities:

| | |
|--|---------------------------|
| Quizzes. | Bingo. |
| Visits from local falconry/ bird sanctuary | Comedian visits |
| Musical Entertainers | Arts and crafts |
| Visitors and staff bringing in pets | Carol service |
| Monthly in-house church service | Hand bell ringing. |
| Visits from the owl sanctuary. | Nintendo Exercise |
| Visits from the Donkey Sanctuary | Garden walks |
| Art class | Film club |
| One to one manicure | Flexercise |
| Knitting circle | Singing |
| Drumming for the brain | Songs of praise |
| Reminiscence (Group & 1 to 1) | Chiropody |
| 'Old Fashioned Sweet Shop' visit home | Clothes Direct visit home |

Indian Head massage
DIY club
Flower arranging
Barbeques
1:1 time to chat with key worker
Crochet. (outdoors + Indoors)

Garden Games

Dough modelling
Armchair exercise
Pets at home service

Swimming
Reading of local paper
Wine tasting

Cooking
Assisted gardening
Model making
Guide Dogs
Life Story books
Gardening (indoor + outdoors)
Mobile bar. (trolley with drinks and pub games)
Music and movement
Dancing
News & current affairs discussion group
Crossword
Xbox bowling
Talent Show

Trips out to:

Garden centre
Theatre
Just for a drive
Shopping and Christmas shopping
Library
National trust historic building
Cinema
Consultation Event
Active Living Group

Local school nativity
Pub lunch
Fish and chips out
Christmas lights
Sea side
Coffee shop
Taunton Flower show
Stroke Club
Steam Fair

General good practice identified – Activities:

- Display an activities timetable on the notice-board and provide a copy to each resident.
- Include an activities list on the home's web site.
- Offer regular individual activities on a one to one basis. This can include assistance with a hobby, writing a life story book or just time to chat or reminisce.
- Encourage and support residents to organise their own activities.
- Invite nearby homes to partake in events and activities such as garden parties, quizzes, visiting entertainers and tea dances (*can be done in wheelchairs*).
- Discuss activities at residents' meetings.
- Offer a mixture of individual and group activities.
- Give gentle encouragement to participate in activities while ensuring no-one feels guilty for choosing to opt out.
- Employ an activities co-ordinator or give staff a specific role and time to plan activities with residents.
- Arrange fund-raising activities such as car boot sales which contribute to the 'Residents Fund' which can then be used to pay for trips out and additional activities or equipment.
- Allocate time for staff to arrange individual activities for residents or spend one to one time with a resident.
- Space permitting, invite local clubs such as WI and local film club to meet at the home ensuring residents can join in if they wish.
- Encourage residents to use their skills such as putting up a shelf, dusting, mending, knitting, poetry, painting, gardening admin etc.
- Make enquiries to the local Rotary Club, Stroke Club, Scouts Association etc. to see if they can support with arranging transport to community events or rent their minibus.
- Seek volunteers to help run activities.
- Contact 'Somerset You Can Do' on 01278 664 180 (or email: enquiries@somersetyoucando.org) or find out more online at www.somersetactiveliving.org.uk/

Good Practice Examples in Residential Care.

Appendix 2

Resident and Family Meetings – Good Practice Examples

- Holding regular meetings at least quarterly if not more frequently.
- Making the meeting part of larger events such as a cheese and wine evening.
- Ensuring that residents have the opportunity to add to the agenda and receive the agenda well in advance
- Inviting guest speakers to talk about a topic of interest such as finance/ care home fees, hobbies and crafts, carry out reminiscence activities or invite an entertainer. This would help to ensure that residents who may not otherwise attend might be motivated to give their input for different reasons.
- Ensuring that residents are able to feed into the agenda in advance and received minutes of meetings, noting in particular 'You said we did' type comments.
- Giving residents who do not wish to attend the opportunity to contribute to the meeting in other ways. E.g. via a key worker or suggestion box.

Appendix 3

Good Practice Examples in Residential Care.

Improving Hospital Admissions and Discharge – Good Practice Examples.

Many of the nursing and residential homes visited by the Healthwatch Somerset have experienced difficulties when residents are discharged from Hospital. Healthwatch Somerset has identified a number of good practice examples that homes have taken to lessen these issues.

- Ensure that an information sheet about residents is sent with them to hospital. For residents who may be confused or have dementia we recommend that homes use a form called 'This Is Me' available from the Alzheimer's Association. This form contains details of the person such as, their likes and dislikes, their wishes and their preferences. Staff at Yeovil District Hospital and Musgrove Park hospital has received training by the Alzheimer's association and should be familiar with this form.
- Set up of a formal agreement with local community hospitals relating to residents discharge from hospital and the home, This may include involving a tick list of actions that the hospital need to take prior to discharge. Ensure that the Patient Engagement manager and director of nursing are involved.
- Ensure the hospital is informed that the care home require a discharge letter and the correct medication before discharge can be made.
- Always send an '*Improving Discharge Form*' for when difficulties are encountered. This is a form to notify hospitals of difficulties relating to discharge and can be obtained from the hospital's 'discharge liaison nurse'. Ensure any problems experienced with admissions and discharge are reported to...
 - The Patient Engagement Manager
 - The Hospital Discharge Liaison Team
 - PALS (Patient Liaison Service)
 - Healthwatch Somerset
- Always try to assess a client's needs prior to hospital discharge and where appropriate advocate transferring a patient to a community hospital before returning to the home. Ensure hospital staff are aware that you wish to attend any discharge planning meeting and that this is recorded.
- As appropriate, living wills and DNR (Do Not Resuscitate) instructions accompany residents to hospital.
- A copy of MARS (Medication Administration Record Sheets) should be sent with residents to hospital.