



Enter and View Visit

Sydenham House

Frederick Road

Bridgwater

Somerset

TA6 4NG

Date of Visit

25th November 2014

Authorised representative(s) undertaking visit:

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Acknowledgements

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

Purpose of the visit

- *to seek the views of those who live in residential services, on 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.

The Enter & View team were then given a tour of the home, before being free to wander the communal areas in the home and chat to residents and staff. The team then joined residents for lunch and it was found that this provided a social occasion in which to chat to residents in more depth.

The team then met in a quiet area of the home to collect their findings before giving a brief verbal feedback to the manager.

Summary

Sydenham House is a modern 51 bed residential home. Residents were observed to be cared for in a respectful and dignified way and we were told that the staff were kind and supportive. Many examples of good practice were identified and the Enter & View team also heard some concerns for which recommendations have been made.

Findings

The Environment.

Sydenham House is a modern 51 bed residential home set in a residential area of Bridgwater. On the day of our visit the home appeared warm and clean. As well as the main dining area, there is also a smaller lounge where residents could sit quietly and chat or receive visitors. The home has lift access to all areas. There is a small hairdressing salon within the home. Outside there are well maintained gardens.

Two residents told us that the rooms are very small and that they did not have room for many of their belongings.

The Enter & View team noted that the home appeared clean and well maintained, although it was thought that the environment had a slightly clinical feel and perhaps not as homely as some of the other homes visited. It was noted that Somerset care are the largest provider of residential care services in Somerset and with this in mind, standardisation of decoration and furniture is likely. The Enter & View team were of the opinion that staff and resident involvement in the decoration and furnishings is key to helping the home maintain a homely feel. (See recommendation 1)

The home also have a 6 bed “Step up Stepped down” unit funded by social services for respite and short-stay. This unit is currently closed due to maintenance following a plumbing leak. The manager told us that recently the unit had been used to accommodate safeguarding cases.

It was noted that there was a queue for the toilet after lunch. A resident told us that the other toilet had been out of order for some time. The Enter & View team recommend that this becomes a maintenance priority. (See recommendation 2).

The Staff.

We spoke to residents, several staff and 3 visitors all of whom mentioned staff. Staff were observed to deliver care and support in a dignified, respectful and friendly manner during our visit.

We were told that while some staff were very caring others were less so. We were told about a resident whose hearing aid had gone missing, the residents family had therefore needed to organise and purchase a new hearing aid. The hearing aid later turned up in a lost property box of hearing aids and spectacles. The staff member who the family asked about the lost hearing aid seemed unaware that this box existed. The Enter & View team noted that due to the size of the home, there are

Healthwatch Somerset Enter & View Visit to Sydenham House Residential Home – Bridgwater on the 25th November 2014

likely to be regular turnovers of staff, and for this reason recommend that staff induction processes are reviewed to help ensure information such as the lost property box is communicated to all staff. (See recommendation 3).

A visitor told us that on one occasion she had mentioned to staff that a resident sitting in the chair had wanted to get a drink from the trolley but that this had not been noticed by staff. We were told that the resident had seemed uncomfortable and appeared to want help to sit up. The visitor was told by a member of staff that the resident was fine and sleeping, the staff member then left the room. We were told that the visitor then helped the resident to sit up for which he was very grateful. Another resident told us that while the staff were kind, they often seem rushed and that they didn't have much time to talk to them.

We heard from staff who said that they would like to be more involved about decisions such as food and activities. This was because they felt that many decisions were taken on a company basis and although it may be assumed that these decisions are in the residents best interests, they were of the opinion that it is not necessarily the case. Staff noted that as they spend the majority of time with residents they will inevitably know their needs and preferences well and should therefore, be more involved about decisions that affect the way the home is run such as menus. The manager informed us that Somerset Care changed the menus in order to offer more choice. The Enter & View team noted that more 'selection' does not necessarily equate to more 'choice' and noted that consultation between staff and residents is key. As with recommendation 1 above, the Enter & View team felt that this was an issue to be brought to the attention of Somerset Care rather than just the home manager as it appears to relate to a company decision rather than that of the home manager. (See recommendation 4).

Some of these issues may relate to their not being enough staff or the turnover of staff being high. This is an issue that has been raised by many of the other homes we visited. The manager was of the opinion that care should be seen as a profession and not just a low-paid job. . Healthwatch Somerset agreed that social services care providers and the NHS need to recognise this issue and work together to make changes to enhance the value of paid carers.

Involvement.

The home holds residents meeting every 6 months. The manager noted that these meetings were not well attended. The manager noticed that they encourage staff to talk to residents on a one-to-one basis about a specific topic for example; 'Food Safety.' The Enter & View team said that resident involvement is key to providing an individualised service and have drawn on their experience of Enter & View visits to Healthwatch Somerset Enter & View Visit to Sydenham House Residential Home – Bridgwater on the 25th November 2014

other homes to make some recommendations to assist the home with residents meetings. (*See recommendation 5*).

It was noted as good practice that the home displayed 'You Said We Did' posters which summarise what residents have said and what the home had done about them. One of the Enter & View team noticed that minutes of residents meetings were displayed on a noticeboard. These were dated 3 March and may need updating (*see recommendation 6*)

The home are planning to have their own newsletter. This was also noted as a good way to support residents to be involved.

We spoke to a volunteer gardener who is keen to support residents to get involved with planting tubs and other gardening jobs.

How do the residents of Sydenham House access health and social care services and what wider issues are there about health and social care?

Faith and Religion

A local vicar regularly visits the home. The manager told us that some residents preferred not to have the lounge used for a religious service. The clergy therefore visit residents in their rooms. The Enter & View team noted that it was good to see the residents wishes were being taken into account.

The home did not currently have residents who practised religions other than Christianity, although the manager said that they would make efforts to support any resident with the preferred place of worship.

Dental Services

Dentists will visit the home on request but not for check-ups. Other homes have told us that getting a dentist to visit is sometimes an issue. The home had a dentist who came in to train staff. This means the key workers and care staff are more aware of dental hygiene issues and are able to sometimes spot problems before they become too serious.

Hospital Appointments

The Home have occasionally experienced residents being discharged from hospital late at night. There has often been a lack of discharge letters and on some occasions residents have been discharged with the wrong medication.

The manager noted in particular they have been difficulties with admissions and discharges to and from the acute unit for older people 'Pyrland Ward'. The manager informed us that this hospital recently closed 12 beds due to staffing issues. Since then the home have had difficulty admitting a resident.

One resident needed to be readmitted shortly after discharge and reassessed for nursing care. The manager also told us of 2 cases where people have been reassessed as needing nursing care while in Pyrland ward and needing palliative care. The residents were then accommodated in a nursing home and died one week later. The home were not consulted about this reassessment and thought it sad that the resident was not able to return to the home for the last week of their life. The home would have done everything they could to provide palliative care at the end of that residents life had they been consulted. (*see recommendation 7*)

Healthwatch Somerset will include this information in hospital discharge work and work to ensure that local providers and Healthwatch England are aware of the issues

GPs

GPs regularly attend the home.

Transport.

Residents told us that transport was an issue for them and that some residents without family to take them, were unable to get out and about. One resident told us that he had not been into the town for 3 years now. The manager informed us that they have many fundraising activities to pay for trips out, it was also noted that the community transport was excessively expensive and transport for a trip out to the seaside was likely to cost approximately £200 (*see recommendation 8*)

Other Services.

"Vision Call" opticians visit the home regularly and provide an eye test.

Age UK visit the home and provide a toenail clinic. Podiatry services also visit the home every four or five weeks. In addition podiatry training was given to all staff.

The home has a hairdressing salon and manicures are also provided.

Local schools, the Salvation Army and musical entertainers regularly visit the school

Other wider issues within health and social care.

Care Homes used to be registered for providing care to different client groups such as older persons. Since this changed the home need to consider accommodating younger people who perhaps have a disability. The manager informed us of an instance whereby a person was accommodated there temporarily and it took over a year to find that person permanent accommodation. The Enter and View team noted a similar example in another home whereby a younger resident did not want to live at the home but more suitable accommodation could not be found. In this case the DOLS (Deprivation of Liberty) procedure had been initiated.

The manager informed us that the day hospice service was not available to people in residential care.

What do the residents think about Sydenham House?

Staff

Residents said that the staff were kind. One resident told us that the staff seemed rushed and didn't have enough time to spend time talking to them.

Food and Dining

All the residents we spoke to said that the food was of excellent quality. One resident said that they have been a vegetarian and never enjoyed meat until they moved to the home. They said that the meat was so well cooked that they now have decided to eat meat.

Activities.

The home have an activities coordinator and there appeared to be a good selection of activities on offer. Activities include quizzes, bingo, visiting entertainers and occasional trips out. We were told about a theatre company called the 'Olive Tree' who many of the residents really enjoyed when they visited the home. Some of the male residents said they did not feel there were so many activities for them. (see *recommendation 9*)

Getting out and about.

Several residents told us that they find it difficult to get out and about. One resident said that they haven't been into town for 3 years. Another resident told us that they could not afford a taxi. The manager told us that they do a lot of fundraising to pay for occasional trips out but it was recognised that this was not the same as being able to regularly access the wider community. The Enter & View team concluded that access to transport is fundamental for those in residential care to maintain the social connections and independence. They also recognise that there are no benefits or

government funding to enable those in residential care to access transport. Healthwatch Somerset will ensure that Healthwatch England are aware of this.

For more detail about what residents told us, please see Appendix A

Other Specific Areas of Good Practice to Note.

- The home have Wi-Fi and a touchscreen computer and supports residents to use this. For example, supporting residents to contact family using Skype.
- Residents were encouraged to personalise the doors to their rooms with photographs or pictures. The manager noted that staff learnt a lot about the residents from doing this.
- The home employs an activities coordinator and have a good range of activities.
- Residents meetings and cheese and wine events for the family.
- Community groups visit the home.
- The home have its own newsletter.
- Various health professionals visit the home regularly.

Conclusions

Overall the Enter & View team observed that residents were treated with dignity and care. Those we spoke to commented that the food was excellent and that the staff were kind. There appeared to be a good range of activities although perhaps less so the men. Some concerns were noted about communication between staff and some suggestions about how staff and residents could be further involved have been made.

Some wider issues about health and social care generally have been identified. In particular the ability for residents to be able to get out and about and access social opportunities and community resources, and the inappropriate placing of some residents on a temporary basis has been noted.

The issue of care needing to be seen as a skilled profession is something that has arisen from other homes visited and it was further highlighted during the visit.

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)**