

ENTER AND VIEW : VISIT REPORT

Name of establishment: Folkestone Nursing Care Home  
25 Folkestone Road  
London E6 6BX

Visit date & time: 24<sup>th</sup> February 2017, 12:30 -2:30

People we spoke to during the visit

- The Registered Manager, Mr Mahadeo Dilip and 9 other staff
- Residents

Healthwatch Newham's Authorised Representatives taking part in the visit:

Kate Hennessy (Healthwatch Newham Projects and Volunteer Officer), Jim Ludlam, Peter Landman, Daphne Stedman, Dan Tumusiime.

Introduction and Methodology

This was an announced Enter and View (E&V) visit undertaken by Healthwatch Newham's trained volunteers as part of a programme to look at a range of homes within the London Borough of Newham, to obtain a better idea of the quality of care provided.

Healthwatch has statutory powers to enter publically funded health and social care premises, announced or unannounced, to observe the nature and quality of services and to obtain the views of people using them. Questionnaires are provided for relatives and carers wishing to give us their feedback who may not be there for our visit. The aim of E&V is to consider how services might be improved and how good practice can be disseminated.

A report on our visit is produced which can include recommendations based on what we have found. The report is sent to the manager of the facility for correction of facts, and for their response to any recommendations and then sent to the London Borough of Newham, Newham's Clinical Care Commissioners, Healthwatch England and Care Quality Commission and becomes a public document on Healthwatch Newham's website:  
[healthwatchnewham.co.uk](http://healthwatchnewham.co.uk)

**DISCLAIMER:** *This report relates only to the service viewed on the date of the visit and is representative of the views of the staff, visitors and residents who met members of the Enter and View team on these dates as well as those who completed and returned questionnaires relating to the visit.*

**The contents of the report are as follows:**

1. Type of service offered
2. Premises : External & Internal
3. Dementia Friendly Features.
4. Activities
5. Interviews with workers
6. Health & Safety
7. Interview with the Manager.
8. Interview with Residents.
9. Feedback from Relativ
- 10.Mealtime Observations.

- 11. Complaints.
- 12. Conclusions

### **1. Services offered by Folkestone Nursing Care Home**

Folkestone Nursing Home is a 43 bed home for older people with care needs or dementia-care needs. At the time of our visit the home had 39 residents. A number of residents have complex needs arising from physical health problems and dementia. There are approximately 20 DOLS authorisations for residents who lack capacity to agree to their stay in the home.

### **2. Premises**

#### **External**

Folkestone Nursing Care Home appears to be generally in good condition. However, bulky, unattractive waste was stacked against a wall in the car park waiting to be collected. The home has a garden with a lawn and a plastic table and chairs. It lacks planted borders, raised beds or any sensory planting.

There is a car park that is small in relation to the size of home and there is controlled parking in surrounding streets. The Home is on a bus route. A ramp next to the main entrance provides access to the building. The entrance has a CCTV monitoring and entry phone system which provides good security.

Internally we found many features to commend including a good standard of decoration, visitors' noticeboard, good temperature throughout the home; all residents have a good sized en-suite bedroom they can personalize with their belongings; no unpleasant odors; pleasant pictures on many walls including of residents activities and a well-lit environment throughout the Home.

Everywhere looked very cleaned except inside the lift where there were some food smears. However the first floor lounge felt institutional rather than homely, because of the following features:

- A nurses' station in one corner (though this applies to all lounges) and we would like to ask if this could be placed elsewhere.
- A residents' bathing schedule was on display, no soft furnishings, ornaments, books, games or signs of activities, the windows were too high to see out of from a sitting position and net curtains obscured the view
- There was a notice for staff saying "people with dementia need activities too",
- There was no information about how to give feedback
- A TV was on all the time, when no one appeared to be watching it, even during lunch.

#### **Activities**

The home employs one part time activity co-ordinator, 9-3pm Monday to Friday, who told us activities are tailored to residents' preferences, referring to the resident's care plan if they can't express this verbally for themselves.

On the ground and second floor the activities worker was observed asking residents what they would like to do. We also witnessed the very good rapport she has with both residents and workers alike, when she initiated a singing session which everyone seemed to enjoy. We

observed one resident on the ground floor drawing and another doing a word search puzzle. We saw games, books and CDs in the ground floor lounge but not in the first or second floor lounges.

We noted a lack of conversation amongst the residents and wondered if having the TV on all the time and chairs arranged in lines against the walls, inadvertently discouraged conversation. There was no activities timetable on display.

We would like to ask whether one Activity Co-ordinator is sufficient for this number of residents, especially as some have additional support needs.

#### **5) Staff**

Staff we observed during our visit were calm and patient with many residents to care for. We observed their kind manner towards residents and the way they protected residents' dignity e.g. the discretion used spooning-feeding someone.

We saw staff have quiet exchanges with residents and they smiling readily.

The staff we spoke to said they enjoyed a good relationship with the manager.

All staff we spoke to said they had the necessary aids, appliances and facilities required to care for frail and immobile residents e.g. wheelchairs, hoists, gloves etc. Staff said they had been on mandatory training which they had found helpful but did not say what training this was specifically.

All staff said they would recommend the home to their family and friends.

Some staff have been employed at the home for many years and said everyone works well as a team.

Two staff said they would be able to do a better job if the home had more staff and another two staff said they had not had full appraisals.

#### **6) Health & Safety**

We saw an emergency cord tied up out of reach in a 2<sup>nd</sup> floor toilet. We wondered why there is a CCTV camera on the ground floor but not all levels. The home's lift appears to be accessible to residents to use unsupervised and we would like to ask if this poses a risk or health and safety issues by residents who lack capacity using it.

We talked to one staff member in a side room off the main hallway. On leaving, we were locked in because the door handle was missing and had to shout for someone to let us out. This incident was brought to the manager's attention because of the risk it presented for residents who might also getting locked in. We were told the door handle was replaced as a matter of urgency.

#### **7) Interview with the manager**

The Manager is a registered nurse by profession and described himself as being 'very hands on' offering himself as an extra pair of hands when needed.

The staffing numbers are as follows:

<u>Day</u>	Two shifts :8am-2pm & 2pm -8pm:
Ground floor	2 care workers, one is a senior for 11 residents with lower level needs
First floor	2 care workers, one senior for 13 residents with slightly higher needs
Second floor	3 care worker and 1 nurse for 13 residents with the highest level of need
<u>Night</u>	8pm - 8am 1 nurse and 4 carers, all waking staff + 1 care assistant on call.

The Manager informed us that this staffing ratio meets the current level of needs but as residents' needs can fluctuate, staffing can be increased to respond to this. There is an internal bank of workers used for this also to cover staff absences for leave, sickness or training.

There are 2 cleaners, one cook and 1 receptionist /admin employee.

The manager said his office is always open so workers and relatives can raise things quickly and easily. He feels he has a good relationship with staff, something borne out by the comments from many of the staff we spoke to.

Care staff receive the mandatory training and most have the Care Certificate as well. Two of the care staff we interviewed confirmed this was correct for them.

#### **8) Speaking to residents**

We were able to meet one bed-bound resident in their bedroom at the invitation of staff, but it transpired they had dementia to such a degree it prevented them from being able to answer questions or tell us anything.

One resident told us they were generally satisfied with the home. One resident said they liked the home and felt the staff were 'very good'. Three residents on a different level told us they were happy with the home though only one elaborated. This person said the home was very clean, they liked their room and the staff were good and respected their privacy. They said that if they were feeling unwell they would let the staff know and said they particularly liked singing and trips to the basement for the cinema.

#### **9) Feedback from Relatives**

No relatives, friends or carers were present during our visit but eight relatives returned a questionnaire that had been left for anyone who wanted to give us their feedback. Everyone answered the questions favourably and said felt their relative was being well looked after by the staff. They all said they would recommend the home.

#### **9) Mealtime observations**

Meals are sent to the ground floor via a dumb-waiter directly from the kitchen below so the food arrives hot. For the 1<sup>st</sup> & 2<sup>nd</sup> floors, food is brought up from the basement in the lift, on an unheated trolley. The plates are covered in cling film for hygiene reasons and perhaps to retain heat.

We observed two residents being assisted to eat by staff. The workers were patient and calm and allowed the residents to eat and drink at their own pace. A drink of water was provided with everyone's meal.

We noted most residents ate the meal, fish and chips followed by semolina type of pudding, with enthusiasm but there was no mention of choice of meal, whilst we were there. Some

people were offered seconds of pudding on one floor but not all. The manager said the cook is willing to cook to order, for residents whenever he can. We would like to ask if residents are given a choice of food or are consulted on the menu. We would like to ask what happens if residents need to use the toilet during their meal and how their food is kept warm.

### **Complaint and Compliments**

The only information we saw about the complaints procedure was amongst the 'Official Notices' in reception area. There were thank you cards on the reception notice board.

### **Conclusions**

There is a calm and stable staff group, lead by a manager who has an open and accessible manner. The premises are good, but could be improved with relatively small adjustments. We believe life for residents might be further enriched by a much more varied programme of activities and by consulting with residents who have capacity about outings and what could be arranged for bringing external groups or activities into the home.

We would like to thank all the residents, staff and the manager that we met for the courtesy shown towards us.

### **Recommendations**

#### **Activities and social settings**

- *Make selective use of TV and support residents to choose programmes they want to watch. Consult residents about a possible trial of having the TV off during meal times, to see if this allows them to enjoy their food more and encourages chatting.*
- *Clarify if the lounge chairs are arranged at the request of residents. If not, lounge chairs could be arranged in clusters around coffee or activity tables to encourage social engagement amongst residents.*
- *Provide soft furnishings, plants, cushions, low level tables, books, ornaments in the lounge to create a more homely atmosphere.*
- *Remove the personal information about residents from staff notices*
- *Clarify if residents with capacity are consulted about outings and if external groups or activities could be brought into the home.*
- *Provide activities that can be self-initiated by residents e.g. drawing books, magazines etc.*
- *Develop the garden as a resource with planted borders, raised sensory planting etc.*
- *Clarify whether wooden rather than plastic garden furniture could be used, if it offers stability for residents*
- *To maximise the quality of life for people with dementia, ensure activities cater for their needs and creative solutions are considered e.g. reminiscence activities or appropriate tasks in the Home.*
- *Involve residents in planning group activities e.g. biscuit/cake decorating, art& craft, pampering sessions, indoor plants gardening, reading aloud sessions, local history sessions.*
- *Display activities timetable through the Home.*
- *Whilst commending the provision of a part time activities co-ordinator, we would ask if consideration could be given to making this a full-time position.*

#### **Engagement with residents and relatives**

- *Display the feedback and complaints procedure on all the noticeboards, ensuring that less mobile residents can also see these.*

**Staff**

- *Appraisals are an important opportunity for workers to receive feedback as well as gain information about workers' training needs etc. Ensure that appraisals are regularly carried out.*

**Health and safety**

- *This reason why the emergency cord being tied up should be established in case there is an underlying issue.*
- *Clarify if a risk assessment is required for residents using the lift If staff are vigilant they should notice this.*
- *We are concerned to hear about some residents soiling the carpets. Investigate the reason for this and provide support as needed to prevent this happening in the future*

**Food**

- *Clarify if residents are given a choice of food or are consulted on the menu. We would like to ask what happens if residents need to use the toilet during their meal or are slow in eating and generally for all residents, how their food is kept warm.*