

Enter and View Report



**Kingswood Care Home,
Raunds**

August and September 2016



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Details of the Visits

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| Name and address of premises visited | Kingswood Home Hollington Road Raunds Northants NN9 6NH |
| Name of service provider | Sienna Care Ltd. |
| Type of service | Accommodation for persons who require nursing or personal care, dementia, physical disabilities, caring for adults over 65 years |
| Date of visit | 23 Aug and 27 Sept 2016 |
| HWN authorised representatives undertaking the visit | Brian Burnett and Sandra Bell |
| Support Staff | Sonia Bray, Healthwatch Officer |
| Contact details of Healthwatch Northamptonshire | Lakeside House, Bedford Road, Northampton, NN4 7HD 0300 002 0010 enquiries@healthwatchnorthamptonshire.co.uk |

Acknowledgements

Healthwatch Northamptonshire would like to thank the manager, residents, visitors and staff of Kingswood Home for their assistance in planning the visit and the preparation of this report as well as providing us with information and feedback.

Disclaimer

Please note that this report relates to findings observed on the specific dates set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.



About Healthwatch Northamptonshire

Healthwatch Northamptonshire is the local independent consumer champion for health and social care. We are part of a national network of local Healthwatch organisations. Our central role is to be a voice for local people to influence better health and wellbeing and improve the quality of services to meet people's needs. This involves us visiting local services and talking to people about their views and experiences. We share our reports with the NHS and social care, and the Care Quality Commission (CQC) (the inspector and regulator for health and social care), with recommendations for improvement, where required.

Our rights and responsibilities include:

- We have the power to 'Enter and View' health and social care services (with one or two exceptions). Our primary purpose is to find out what patients, service users, carers and the wider public think of health and social care. Our role should not be confused with the role of the Care Quality Commission (CQC) or OFSTED. CQC is the regulator and inspector of health and adult social care and OFSTED is the regulator and inspection of children's social care. Both organisations have a legal requirement to inspect care provision with reference to national standards and guidelines.
- We prepare reports on the Enter and View activity we conduct. We have an Enter and View policy (www.healthwatchnorthamptonshire.co.uk) which sets out our process of delivering Enter and View and the process for developing our reports. Our values include openness and transparency and so all our reports are published. They will only be published on our website once the service providers have had an opportunity to comment on the factual accuracy. We will send final copies of our reports to providers and commissioners asking for their comments on our findings and a response to recommendations, which we will also publish a summary version of on our website. We will send copies of our report to our national body, Healthwatch England and to CQC. As part of our Enter and View, we explained to the people we spoke to that their comments would be non-attributable but that if we heard about possible harm to individuals then we are obliged to refer those issues to the safeguarding team at Northamptonshire County Council.
- We strive to be a strong and powerful voice for local people to influence how services are planned, organised and delivered.
- We aim to be an effective voice rooted in the community. To be that voice, we will find out what local people think about health and social care. We will



research patient, user and carer opinion using lots of different ways to find out views and experiences so that the community is effectively represented.

- We will provide information and advice about health and social care services.
- Where we don't feel the views and voices of Healthwatch Northamptonshire and the people who we strive to speak on behalf of are being heard we will escalate our concerns and report our evidence to national organisations including Healthwatch England and CQC.

Enter and View

As part of our programme Healthwatch Northamptonshire representatives carry out Enter and View visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers in hospitals, residential homes, GP practices, dental surgeries, optometrists, pharmacies, etc. Enter and View visits can happen if people tell us there is a problem with a service, but can also occur when services have a good reputation - so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and View visits are not part of a formal inspection process or audit. They are a way for Healthwatch Northamptonshire to gain a better understanding of local health and social care services by seeing them in operation. Healthwatch Enter and View Authorised Representatives are not required to have any prior in-depth knowledge about a service before they Enter and View it. The representative's role is to observe the service, talk to service users, families, other visitors and staff if appropriate, and make comments and recommendations based on their subjective observations and impressions in the form of a report. All Healthwatch Northamptonshire authorised representatives have been through a recruitment process (either as staff or volunteers), had an enhanced Disclosure and Barring Check, and received Enter and View and safeguarding training.

An Enter and View Report is aimed at outlining what we see and hear during our visits and making relevant recommendation for improvement to the service concerned. The reports may also make recommendations for providers, commissioners, regulators or for Healthwatch to explore particular issues in more detail. Unless stated otherwise, the visits are not designed to pursue the rectification of issues previously identified by regulatory agencies.

Healthwatch Enter and View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are



reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform Healthwatch Northamptonshire of their concerns, who will inform the service manager and may terminate the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a concern.

Purpose of visit

We visited Kingswood Home as we had heard from a member of the public who had concerns about some aspects of the care and management in June 2016.

This report relates to specific visits. It is not representative of all service users, only those who contributed within the restricted time available, through interviews or other feedback.

How the visits were conducted

The first visit was an announced and the Manager was given 15 days' notice with letters posters and leaflets sent to inform residents, relatives/carers and staff about the visit and about Healthwatch Northamptonshire. An initial visit was made on 23 August 2016 but unfortunately the home was unprepared for the visit and staff, relatives and residents had not been informed. It was, therefore, not possible to speak to residents and relatives on that occasion. The Manager was unavailable to interview as she had an emergency appointment with a person requiring respite care. It was possible, however, to interview the Senior Care Worker and do a tour of the premises.

Arrangements were made to do a second visit on 27 September when the Manager would be available and staff, residents and relatives would have been informed of the visit.



Observations and findings

General impressions of the home

Kingswood Care Home has been adapted from a former large house with a number of bedrooms located within the house and in purpose built extensions. Some rooms have en-suite facilities and all were clean and well decorated (when a resident leaves the rooms are thoroughly cleaned and redecorated). However, it was noted, however, that rooms had a rather stuffy atmosphere and in spite of it being a hot day no windows appeared to be open. We are told that this is not usually the case.

The main communal areas are in need of some redecoration and the gardens need some improvements and better external seating areas for residents. Some redundant garden furniture was awaiting removal.

The laundry room was well organised and all clothing articles required to have name tags.

The kitchen was visited and appeared clean and well equipped.

The age range of residents was from 65 to 97. Respite care as well as longer term care is provided.

It was noted that there had been some major changes in the management of the home. One Manager left in September 2015 and a new Manager appointed but only stayed for a short period with the current Manager promoted from her position as Deputy and registered as Manager in January 2016. Relatives reported positively on her appointment and felt able to raise any concerns with her and that these were followed up.

A Complaints Procedure is in operation and leaflets on the policy prominently displayed in the reception area.

Personal care and dignity of resident

Four relatives were interviewed, two alongside residents. One relative was a husband whose wife (who had Dementia) had died earlier in the year. He had been very happy with the care provided and had visited daily. He had felt confident in raising any issues which had always been dealt with promptly. Having looked at other homes he and his wife had felt that this one was more homely. He considered all the rooms comfortable and can be individualised. This relative continues to visit and support the home's activities. All staff were considered to be good, although there had been a period of change with two managers leaving in quick succession with the current manager bringing a period of stability.

Another daughter of a resident admitted for respite care considered the personal care to be good, as was the quality of food and hygiene with the daughter very happy.



Another relative reported that her mother admitted for respite care liked the home so much she wanted to stay. Any concerns were dealt with promptly. Residents enjoy the food and the relative is able to stay for lunch (families are welcome at to stay to eat dinner or tea any time with no extra charge).

Provision has been made for a couple to share a room with the use of another room as a sitting room and they are very pleased with the care provided.

All residents were appropriately dressed in their own clothes and were given appropriate assistance with toileting and dressing arrangements.

Independence of residents and control over daily life

Residents are given a good degree of independence within the home and may choose to take part in activities provided or opt out. Given the special needs of residents independence is restricted to within the home or grounds (supervised).

Residents are able to choose when to go to bed, usually between 7 and 8pm, but much later if they wish.

Arrangements are made for the one smoker to be wheeled outside to a patio area when he wants to smoke.

Staff behaviour, attitudes and relationship with residents

Relatives and residents were positive about the relationship between staff and residents, with informal use of preferred names. A new member of staff spoke positively about the smaller family feel of the home, rather than her experience in a larger home, a view reflected by relatives. She also felt supported by the rest of the staff who were willing to help and support each other.

Activities for residents

There are many planned activities, mainly in the afternoon, arranged by the staff member who is the cook. Activities include board games, painting, food tasting, cocktail tasting, music, photo albums and films. During the first visit, residents were enjoying an old black and white Glenn Miller film. Outside entertainers are also included, for example a memory man, rumba demonstrations, singers and a specialist clothing firm visits. A hairdresser also attends regularly.

During the second visit a guitarist/singer was entertaining the residents with many residents joining in enthusiastically.

Food and drink and meal times

The menus for the day are displayed in the communal area and offer a good and varied choice and special diets are catered for. Relatives are free to visit at these times and assist with feeding arrangements. They often stay for lunch and make a voluntary contribution for the cost of the meal. Residents and relatives appeared very satisfied with all food and drink arrangements.



Relationship between the home and residents/relatives

All comments were very positive and relatives expressed satisfaction with the current management arrangements. Residents are treated with respect and dignity whilst relatives know staff well and who to contact for help or advice.

Staff satisfaction

The Manager reported that there were 20 staff members: 3 cleaners, 2 cooks and 15 care staff. Two staff are on duty each night caring for 20 residents.

All staff receive training and have attended a 12 week Care Certificate course which is a CQC requirement. The Manager meets with staff approximately every 3 months with individual supervision every 6 months. There are good hand-over procedures between shifts in place.

Staff appeared to enjoy their work and are well supported and encouraged to undertake appropriate training courses. Four members of staff were to attend a Safeguarding Course provided by Northamptonshire County Council.

Other observations and comments from resident, staff and relatives

Whilst conducting a tour of the home a number of hardly used pieces of equipment (assistance aids, etc.) obtained from Millbrook were noted in an outside yard. When questioned about why they were there the response of the member of staff was that Millbrook would not pick them up and return them to their stores. There were at least 10 Zimmer frames and other equipment covered by a tarpaulin. If this replicated across Care/Nursing Homes in Northamptonshire this raises a serious question of waste the costs of which comes from NCC/CCG budgets.

Recommendations

1. Some redecoration of the communal areas and hallway is required.
2. Garden improvements would provide a more satisfactory experience for residents able to enjoy being outside.
3. Introduce name badges so that staff are identifiable to residents and visitors.
4. Millbrook should ensure it collects equipment from homes where it is no longer required so that it can be reused elsewhere. The commissioners of the equipment service should ensure this happens and that money and resources are not needlessly wasted.



Contact us

Address: Healthwatch Northamptonshire
3rd Floor, Lakeside House
Bedford Road
Northampton
NN4 7HD

Phone number: 0300 002 0010

Text message: 07951 419331

Email: enquiries@healthwatchnorthamptonshire.co.uk

Website: www.healthwatchnorthamptonshire.co.uk

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