

Date of visit: 2<sup>nd</sup> March 2017

## Enter and View Visit Report: Homemead

28 Park Road, Teddington, TW11 OAQ

A private residential care home located in Teddington, close to the town centre, public transport and Bushy Park. It has accommodation for 26 residents.

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## Introduction

Homemead is an adult residential home owned by the Central & Cecil Housing Trust at 28 Park Road, Teddington, TW11 OAO. Theresa Rivera is the registered manager and responsible for the services provided. At the time of the visit the home was registered with the Care Quality Commission (CQC) as 'Residential Accommodation for older people, including people living with dementia'. The CQC described the service being provided as GOOD in their last inspection report of the 31<sup>st</sup> of July 2016. Currently the Manager is undergoing the Fit and Proper Persons requirements process with the CQC, which is now part of the regular registration process.

The home can be contacted on: 020 8977 5002

The Central & Cecil Housing Trust is a specialist provider of housing for older people with a range of care needs.

Website: [Central & Cecil Housing Trust](#)

Healthwatch Richmond is a registered charity that acts as an independent voice for people in the London Borough of Richmond upon Thames. It helps to shape, challenge and improve local health and social care services. Healthwatch Richmond was set up by the Health & Social Care Act of 2012. The Act and its regulations granted Healthwatch powers to request information from health and social care providers and receive a response within 20 days, and to enter and view premises that provide health and or adult social care services.

The reports of Healthwatch Richmond's Enter & View visits can be found on our website: [www.healthwatchrichmond.co.uk](http://www.healthwatchrichmond.co.uk) or are available from the Healthwatch Richmond office, please contact us on: 020 8099 5335

## Rationale

In 2016 Healthwatch Richmond began a new programme of visits to residential homes. In selecting Homemead we analysed a range of data available to us from the CQC, the Local Authority and community sources, including if the home was due to have a CQC inspection or a Local Authority visit or whether these visits had occurred recently. This enabled Healthwatch Richmond to identify which homes to visit aside from those with which there are ongoing concerns.

The selection of Homemead for visiting is described in the Rationale above. It was a home that Healthwatch Richmond had never undertaken an Enter & View Visit to before and it was not scheduled to have visits from the CQC or the London Borough of Richmond in the near future. Neither had it been visited by these organisations recently.

## The Visit

An announced visit was arranged with the care home manager, Theresa Rivera, to commence on the 2<sup>nd</sup> of March 2017. The visit was conducted by a team of 2 volunteers and 2 members of Healthwatch Richmond staff between 11.00 am and 2.00 pm.

A description of the visit is given within the methodology (Page 4) and undertaken using Healthwatch Richmond's Residential Care Enter and View tool.

## Methodology

Enter and View representatives are authorised via Healthwatch Richmond's Appointment of Authorised Representatives for Enter & View Policy. This includes a written application, satisfactory references, an enhanced Disclosure and Barring Service (DBS) check, training in safeguarding adults and training in how to undertake Enter and View visits. The visit was planned in accordance with Healthwatch Richmond's Enter & View Policy and undertaken in the spirit of partnership and openness.

Healthwatch Richmond requested Homemead to provide the following information:

- Total numbers of staff and residents
- Management Structure
- Registration Details
- Any guidelines that Homemead had for visitors
- Complaints Policy & Procedures
- Any other information provided for residents and their families

Homemead supplied Healthwatch Richmond with all the information requested.

Healthwatch Richmond visited the manager to discuss arrangements for the visit and agreed a mutually suitable date. Posters and leaflets for the visit were supplied to the home to advertise the visit to residents, staff, families and friends.

All the background information available on Homemead was drawn together by Healthwatch Richmond and made available to the team undertaking the visit. The team met prior to the visit to plan what areas of interest they would like to focus on during the visit. The aim was to gather the experiences of residents, their families and staff and to observe how Homemead met the needs of its residents and, if appropriate, to make recommendations about anything that may be improved.

The areas for focus were:

- Residents' views on life at Homemead
- The views of residents' families and friends
- Staff's views on working at Homemead
- The home's environment
- Support for residents in the home
- Activities for residents
- Specialist Dementia Care
- Care records and care planning
- Staffing levels, recruitment and retention of staff

## Limitations

The report relates only to the specific visit by Healthwatch Richmond on the 2<sup>nd</sup> of March 2017 and the report is not representative of all the service users, relatives and staff - only those who contributed within the restricted time available.

## Findings

During the visit the Healthwatch Richmond Team had 17 conversations with residents and 8 with care assistants, we spoke to 2 of the Team Leaders, 1 member of the domestic staff and with the Manager and Administrator. There were no relatives were present to speak to during our visit.

## General

Homemead is a care home for up to 26 older people situated in Teddington. It provides residential accommodation and personal care for older people with dementia. There are currently 24 residents and the vacant rooms are being re-furnished.

On arrival we were welcomed by the Manager. Details of the Healthwatch visit were clearly displayed on the front door and in the entrance lobby and hallway and we also saw further posters around the home, together with our leaflets and newsletters. We were warmly welcomed by the staff and residents, who were interested to talk to us about the home and themselves, and their comments are included throughout this report. Conversations with residents were limited by their capacity to engage with us and some residents had other psychiatric conditions in addition to their dementia.

## Accommodation

Homemead is based in a converted three storey Edwardian house near Teddington High Street, transport routes and Bushy Park. There was level access into the home, access was gained by a call bell and there was a secure entry and exit system overseen by the Manager and Administrator, including CCTV for all the communal areas. Before entering the main house we signed in the visitors' book. The lobby had many photographs on the walls, as did the main entrance hall. The Complaints Policy and Procedures was clearly visible next to the visitors signing in book.

The overall appearance of the home was that it was bright and clean and homely and the décor was in good condition as were the furnishings. There was a lot of natural light coming into the building and where necessary lights were switched on. The hallway was wide, with some comfortable seating available and the residents appeared to walk around this area freely. The staircase was closed off with a gate on the ground floor and the upper floors had secure doors to the stairs with keypad controlled exits. There was a new large and bright lift at the end of the main corridor servicing to all floors, which we were told that all the residents use. The Manager's office, near the entrance, was accessible to residents and she and the administrator based there were observed to be very welcoming to any residents calling in.

There was a call bell display unit clearly visible in the main hall and there are also two others in the home. This ensured that staff can see very quickly which residents need assistance.

The lounge was spacious, clean and well-kept with brightly coloured chairs and furniture and good natural light. There was music playing in the lounge whilst we were there which some of the residents appeared to enjoy very much. An annex at the end of the lounge was colourfully furnished giving it a cheerful feel and it had signs for the 'pub' and a dart board. The lounge and annex overlooked a well-kept, interactive garden for the residents, this included a bus stop as one of the residents loved to wait for buses. The garden had a secure exit and we did observe a member of staff attending to a resident who tried to exit the

garden. We were told that residents made use of the garden in better weather and some residents confirmed they liked going out into the garden.

There was a very large, bright red clock on the wall facing the main entrance, with a very large typeface displaying the date as well as the time. Bright arrow signs with pictures on could be seen in the hall and all over the property, clearly directing residents to the toilets, bathrooms and main communal areas. There were contrasting colours in the décor e.g. green curtains on a wooden floor, all of which showed thought had gone into a dementia friendly environment. The corridors have grab rails to support residents walking around.

The bathrooms observed looked clean and tidy, although would benefit from some refreshing of the decor and improving the smell in some of them. In some parts of the home, particularly on the ground floor near the back of the building and the garden door there was a smell of urine from them. The bathrooms were however user friendly and adapted to support residents with appropriate equipment such as toilet seat risers. One toilet had a bright red contrasting toilet seat which was user friendly for residents with dementia. However this was not consistent for all bathrooms.

All the rooms are for single occupancy and four of these are large enough to accommodate partners of people living with dementia and who wish to share a room. Residents can personalise their rooms and a Healthwatch Volunteer was invited to see a room. The room was clean and bright and looked homely with an en-suite bathroom and personalised with their pictures and ornaments. All residents have photographs on their doors and other pictures if they want them.

Homemead informed us that their Annual Fire Risk Assessment was carried out in February 2016 and the property was assessed as 'Moderate Risk', if the significant findings were rectified then it would be assessed as 'Tolerable Risk'. The home informed us that all the actions required have been completed and the next assessment is being arranged.

## Management

Homemead is run by the Central & Cecil Housing Trust (Central & Cecil Housing Trust), which specialises in a range of types of supported housing and living, including residential nursing and care homes. The Central & Cecil Housing Trust provides a range of management and support services to Homemead and the Manager was very positive about the support they provided. She is supported in her management role by the Assistant Director of Care and by the Quality Assessment Manager and they also provide Training and HR Services and undertake staff recruitment for their homes.

The Manager appeared to be happy in her job and felt supported in her role by the overall organisation. She goes off site for her supervision to head office. She was obviously very proud of the home and showed a genuine interest in her residents and staff.

Team Leaders have line management responsibility for 3 care and domestic staff members and they are responsible for the care and domestic staff working on their shift.

## Residents

The residents of Homemead were mainly in their 80s and 90s and all had a diagnosis of dementia. Many of the residents had lived in the home for a long time and approximately 60% of residents were self-funded and 40% funded by their Local Authority. The residents

generally looked well cared for and well-presented although the clothes on a couple of residents had marks on them. We noted that where appropriate the residents were in supportive chairs with their legs elevated.

Homemead celebrates every resident living in the home with a 'Resident of the Day' scheme. The resident of the day leads the things happening in the home that day, from special activities of their choice, favourite menus or visits out. On that day their rooms get a 'deep clean' and they have new toiletries and treats. This also becomes the day when their care plans are updated. A Team Leader commented that "every moment is new for the residents, even if they have just said hello, they may not remember so it may be the first time they think they have seen you that day".

## Staff

On the day of the visit the Manager, Deputy Manager, 3 Team Leaders and 2 Care Assistants, 2 were present plus kitchen and domestic staff (2 of the Team Leaders were covering Care Assistants' annual leave). Normally the daytime staffing consists of 1 Team Leader and 4 Care Assistants. The Manager informed us that at night a Senior Team Leader and 3 Care Assistants are on duty and she is on call and there is a 20 minute handover from one shift to the next. There are 32 staff in total including the cook and housekeeper. The Team Leaders on duty take it in turns on a rota to take on the Team Leader role each day, the other days they are staff members. The Team Leaders also have an area of responsibility and expertise e.g. infection prevention and control, medication and audit. A copy of the Management Structure was provided for Healthwatch Richmond.

On the day of the Healthwatch Visit there appeared to be sufficient staff on duty.

We were informed that the staffing was stable and they do not usually use agency staff as they provide their own cover staff. Currently there is one vacancy for a night shift carer and someone has been recruited who is now being DBS checked. The Manager told us that many of the staff had been at Homemead for quite a long time and this was confirmed to us by some of the staff.

The Manager informed us that there are monthly staff meetings for day and night staff and staff have two monthly supervision meetings.

The staff were friendly and well turned out, in their own clothes, which the home believed was friendlier and less formal for the residents. The staff were generally very positive about working at Homemead and showed great enthusiasm for caring for the residents. One member of staff who had been there for a long time said that she "really loved her work" another who had been there for three years said "she enjoyed the work there". Other comments from staff included: "Homemead was the best place they had worked in"; "they really enjoyed being there and working there"; "I love coming to work" and "I love caring for these people".

## Staff Training

Staff training is provided by Central & Cecil Housing Trust and the staff we spoke to about training told us that there was a good staff training programme and good dementia training. One of the Team Leaders said the organisation offered good career progression. There was a staff training board clearly visible in the staff room and staff told us that they have appropriate training and protected time for training. When they went off site for training,

additional staff are brought in to cover the shift. They were all up to date with necessary and statutory training and the staff we asked showed a knowledge of the Whistleblowing Policy and said they felt confident in raising any concerns if they had any.

## Care Planning

The majority of staff used the words 'patient centred' when discussing the ethos of care at Homestead. The Manager and Team Leaders explained their care plans and the systems they use. The care plans are updated at least once a month and they have their 'Resident of the Day' scheme which ties in with the care plan update. They also have their 'hospital passport' updated including the 'this is me' tool. One of the Team Leaders told us that "it is their day and we try and get into their shoes and do what they would want".

## Specialist Dementia Care

The Manager outlined the arrangements for the dementia care training. She told us that the Central & Cecil Housing Trust Training Co-ordinator arranges all mandatory training for all Central & Cecil Housing Trust homes, including dementia training. We were provided with the following information on the dementia training provision:

- All care staff attend the specialist dementia training, once a year. Currently the chef has attended this training as well. The Manager informed us that she has recommended to the training co-ordinator that kitchen assistants be included in dementia training in future.
- The training is delivered internally with their own trainers
- The manager attends a full 3-day course and all other staff a full-day course
- The 3-day programme includes topics such as challenging behaviour, communication, supervision and risk assessment
- The training sessions are interactive, with discussions on case studies and time for questions and answers

The Manager said that "the training is very useful as it is not just about a presentation, it's interactive and we all discuss our cases with colleagues from other homes".

## Deprivation of Liberty Safeguarding (DoLS)

We were informed that all of the residents except one currently had a DoLS order in place. The Manager told us that this is managed with 1:1 supervision if the resident wishes to go out of the home for a walk.

## Continuity of Care and Local Services

The home has most residents registered with the Park Road Surgery in Teddington and overall they are happy with the care they receive, particularly from the GPs. However they have some concerns about the reception staff who at times were not seen as being very helpful and not understanding the urgency of the home's request when passing on a message.

The District Nursing Services, based at Teddington Memorial Hospital, provide nursing care for the residents e.g. dressings, injections etc. and the Palliative Nursing Team supports them with End of Life Care where appropriate. These services are provided by Hounslow & Richmond Community Health Services, HRCHS. The Princess Alice Hospice also provided support in some cases for End of Life Care. The home appeared satisfied by the service they received from HRCH.



The Manager was concerned that when residents are discharged from the Community Mental Health Team (CMHT), provided by South West London & St. George's Mental Health Trust, even when urgent care is then required again from that team, the Manager has to contact the GP again for a referral. This results in delays in getting care and real worry and frustration in caring for the residents. The Manager wants to be able to contact the CMHT directly.

## Residents, Relatives and Staff Interactions

The atmosphere of the home was friendly with a 'family' feel to it and everyone seemed to help each other and care about them. Generally the staff and residents we spoke to were complimentary about the home. We observed that the staff engaged well with the residents, they focussed on them, making eye contact, talking in a calm manner, holding hands and helping them move about the home where necessary. Staff were observed helping residents who looked lost and spoke to them with dignity and reassurance. They showed great enthusiasm for caring for the residents and spending time talking to them. The residents appeared to generally be happy, comfortable and content.

It was difficult in some cases to find out residents views when their communication was limited by their dementia and other conditions and this gave rise to some conflicting information. One resident expressed loneliness and wanted to go home saying that they had no visitors but on talking to staff we were told family and friends visited regularly. The carer was observed to be very gentle and caring in her management of this resident.

One long-term resident thought the home was "marvellous" and was very complimentary about the manager, the staff and the home. She "really enjoyed it there" and came back again later to a member of the Healthwatch Team to praise everyone again. Three other residents told us that they were happy at Homestead and liked it there.

## Resident Involvement and Satisfaction

There were no residents' relatives present during our visit but we were told that relatives and friends could visit whenever they want, although they liked to know if someone was coming late in the evening. We were told there was a residents' meeting once a month and a relatives meeting every two to three months and each relative receives the minutes of the meeting. The next relatives meeting was due to take place at the end of March.

The Manager has agreed to share the final Healthwatch Enter & View report with relatives and invite feedback from them.

## Activities

Activities are undertaken by the care staff and we were told that other volunteers and organisations e.g. Embracing Age, visit to provide a range of activities and companionship for the residents. Activities normally take place in the afternoon and the Manager had a timetable in her office and one displayed in the hallway.

There did not appear to be any activities going on during the morning aside from music in the lounge and here the care assistants were talking with individual residents and one was helping a resident to do some knitting, which she was enjoying very much and we observed a very good rapport between them. This resident told us she enjoyed living at the home but was sometimes "bored there". A number of residents were asleep and the Team Leader informed

us that some are often up quite early in the morning and after personal care and breakfast they liked to doze which is why they timetable most activities in the afternoon.

A resident told us that they would "like to play tennis and swim more" and would also "like to see more people around...there are not many people around in the morning". They would also like the music to be "more happy days", though it did seem quite cheerful.

We were told by a resident that they play games sometimes and had fun with balloons one day.

Only one resident is able to go out unassisted and does so daily but families are able to take their relative out or they are accompanied out by staff. The Manager has informed us that they take residents out for a walk, shopping or to a café when they want to, especially if they are the 'Resident of the Day'.

## Mealtimes

The catering service for the home is provided by Cater Plus, who provide the service for all Central & Cecil Housing Trust homes and the food is cooked on site. The dining room was clean and bright and laid out restaurant style with table cloths and menus. Each table sat four residents. The food looked appetising and was well presented. Menus were displayed on the tables with additional pictorial symbols to assist the residents in making their choice. There is a choice of three meals at each meal, including light bites and the resident chooses their meal from the menu. A member of staff told us that the menu system works well and it makes the residents feel they have a choice and are making their own decision.

The lunchtime was observed to be calm, with residents being invited to eat at the tables and where preferred some residents were being helped to eat in the lounge. Staff were observed to take care over encouraging resident to eat and making conversation.

Some residents told us that they "enjoyed the food", although one told us "the food was boring".

## Conclusions

### Good Practice

We observed that Homestead is a well-run care home for residents with dementia, with good systems in place to care for their residents and that they work to a very high standard. There was a welcoming atmosphere in the home and we saw evidence of good relationships and good communication between management, residents and staff.

## Outcomes

Healthwatch Richmond suggest that:

1. Some residents in the day room in the mornings may have benefitted from more stimulation through activities and we would like to know if there anything else that the home could provide. The Manager has informed Healthwatch that they do have a

lot of activities and that there are chair based exercises and yoga sessions in the mornings plus poetry, music therapy, art sessions and aromatherapy twice a month.

2. Some of the bathrooms and associated areas would benefit from refreshing and we wished to know if there are any current refurbishment plans. The Manager has informed us that their new budget allocation for 2017 includes refurbishing the bathrooms as a priority.
3. All toilet bowls and their seats should have contrasting colours to aid recognition for residents with dementia and the Manager has informed us that they are purchasing these and they hope to refurbish all the toilets as soon as possible.
4. Healthwatch Richmond has contacted the Community Mental Health Team to highlights the importance of direct access to them rather than the Manager having to get a referral again via the GP. The Community Mental Health Team has responded to Healthwatch Richmond and the local manager for the team has contacted Homemead directly to help resolve this issue.
5. In urgent situations, receptionists at Park Road Surgery should facilitate a quick access to a GP, rather than acting as a gatekeeper. Communication with the Park Road Surgery should be discussed with the Practice Manger to help improve the passing on of important information.