

Healthwatch Waltham Forest Enter & View Report

The Manor Care Home

Care Home Series 2014-2015

Friday 20th March 2015

Sheila Macdonald
Report date: 25th March 2015

Visit details

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| Service address | The Manor Care Home, 110-112 Hainault Road, Leytonstone, London E11 1EH |
| Service Provider | Advinia Healthcare |
| Service description | The Manor provides care for older people, particularly those living with dementia |
| Number of residents | 15 |
| Reason for visit | Part of programme. This is one of a series of visits to older people living in care homes in Waltham Forest. This programme is to introduce our Enter & View representatives and develop their role. We wanted to talk with older people about their experience of living in care homes. We looked at 4 areas - meals, activities, staff responses and complaints |
| Status of visit | Announced |
| Date of visit | Friday 20 th March 2015 |
| Authorised Reps | Sheila Macdonald |
| Declarations of interest | Note that a second colleague was unable to attend at the last moment for personal reasons. The Manager agreed to proceed with one representative. |

Acknowledgements

Healthwatch Waltham Forest would like to thank the service provider, service users and staff for their co-operation and hospitality in hosting this visit. We welcome all contributions to this Enter and View programme.

Enter & View

Enter & View is a statutory power conferred upon Healthwatch by the Health and Social Care Act 2012. It gives Authorized Representatives of Healthwatch Waltham Forest the right to enter and observe publicly-funded health and social care services in the borough. Enter & View visits are visits and not inspections. Enter & View visits are used to get a lay perspective on the service concerned and are an opportunity for service users to talk about their experiences with the service. This takes place in the communal areas of the home, as our visits preclude talking to people on their own in their private rooms. A report of each visit is produced which includes any recommendations for change or improvement arising from the visit. This is shared with the service prior to publication. All Healthwatch Waltham Forest Authorized Representatives undergo training and background checks before joining the Enter & View programme.

Disclaimer: This report relates only to the service viewed on the date of the visit, and is representative of the views of the service users, visitors and staff who contributed to the report on that date.

Summary of the visit

We visited from 11am- 1.45 pm on a weekday. We found the owner, manager and other staff to be pleasant and open to this visit and thank them and residents for their co-operation with our observation. We enjoyed friendly greetings from a mix of staff and residents.

1 enter & view representative visited and looked at 4 areas:

- *catering, activities, staff responsiveness and complaints*

Description of facility and overview of findings

This home caters for up to 15 older people and has a specialism in caring for those with dementia. The Home is registered for nursing but people are usually admitted for residential care and many remain through palliative care also. They have had a high proportion - up to 60% - with no family members, although this is changing.

On entering, we found a hallway leading to bedrooms on either side and the communal areas directly ahead. The hall and side areas are decorated with a cheerful flower / garden motif which is consistent throughout the home. One area beside the lift is designed as an 'indoor garden' with bench and wall paintings, where some residents like to sit, especially in winter. The main room is divided into living/ dining areas. There are two sitting areas - one with space for about 8 residents to watch TV, read or join in activities, and another where music was playing and residents listening and singing quietly. A further motif (waterfall and plants) is planned for one wall here behind the fish tank.

There is a smaller communal room (the music room) which at present is not used for music (as residents' needs and interests have changed). This is a quiet space, which appeared a little dull although bright and sunny with plants; it does provide a space for family and other visits. One resident, who does not have dementia, likes to be quiet here.

The Home has a large, sunny rear garden with recently-installed wheelchair access. The manager informed us that Advinia have a programme of refurbishments underway for this year, and that a large shed in the garden will provide much-needed staff accommodation. The manager has found that most residents prefer a neutral colour scheme inside their rooms, but they will be offered a choice of four new colours for their bedroom door. The manager's office, off the dining area, is very small and crowded and is not suitable for meeting with family members; the small living room is used for this.

The staff and residents were welcoming and very willing to talk about their life in the home; a good deal of careful, gentle and patient interaction was observed, and staff clearly knew each person extremely well. This is a small establishment, which

sees its strengths as being homely, and not institutional. In this space, it is challenging to meet the needs of those with dementia and others with full mental capacity, and available areas are clearly adapted as necessary to support changing demands.

Observations

Catering

Lunch was served during this visit and it took almost half an hour to assist all those who were moving to the dining area to do so. A hoist and wheelchair was needed for two people, whilst others were guided to their chairs. A total of 10 residents sat at 3 tables, one sat alone, another remained in the living area as she is currently not wishing to eat and is under observation. Two residents remained in their rooms; one gentleman who does not have any mental incapacity finds the behaviour of others at lunchtime occasionally distressing and so joins the group for breakfast and tea. However, during this visit, all present were calm and there were no indications of such behaviour. A new resident was guided to her chair where she sat with those she had played a game with, and they chatted and made jokes together.

Five staff were on duty to serve and assist with lunch, and each person was asked individually what combination of food they preferred. The menu: fried/ steamed fish, chips and peas could be varied with egg dishes. There was rice pudding to follow. Different kinds of juice and water were offered, as they had been before the meal. A whiteboard menu showed that the evening meal was to be soup, pasta, salad, peaches and cream; it may have been helpful to use a pictorial menu for those with dementia. Residents ate well and enjoyed their food.

Staff told us that between meals, there are snacks, toast, cake, and frequent tea and coffee. Efforts are made to provide pleasing and appropriate food for residents; for example, olives for a Greek Cypriot, rice and peas, yams, plantains and jerk chicken for those from the Caribbean and Ghana.

One resident told us that the food was 'all right' but she is not feeling well at present and does not feel like eating.

Activities

In the living room, there are several chairs grouped together where three residents were playing a game with the activities co-ordinator when we arrived. This was a lively game of throwing rings over a peg board, and there was much encouragement and competitiveness. The co-ordinator works Monday to Friday from 10-2. Residents like dominoes (on a large floor activity sheet) and manicures. They read the newspaper together and discuss what is happening. On St Patrick's Day they made special cakes. It was noticeable that the TVs in both living

rooms are turned off, which is a welcome observation. Those with full mental health choose which programmes they want to watch and then they are turned off again.

There is no activities noticeboard but this is being arranged.

Many of the residents here have no or few family members, and there are visits arranged from volunteer 6th form pupils from local schools.

The music room is not currently in use for this activity, and although there are CDs, there is no player.

One resident is a keen reader and discussed her favourite books; she has a library service and uses large print.

Staff responsiveness

Staff at this Home clearly know the residents very well and have been in post for a long time. A photoboard of staff in the entrance hall is a good way to introduce them to newcomers and visitors. Agency staff have been used just once in the last two years. Staff have had dementia awareness training. There were several instances observed of firm, gentle guidance and encouragement to support those who needed to go to the toilet or move towards the dining area. There was evidence of personal care and affection with one carer tying a headscarf in the way a resident preferred it. Another carer asked 'Are you dancing or are you walking?' as they supported someone into lunch.

One resident told us that she likes the staff, and has known them since they moved. However they are very busy and have no time to chat. Another gets on well with them and appreciates the work they do, calling them 'marvellous'.

Complaints

There are several leaflets and adverts on the hall noticeboards at the entrance. These include Healthwatch, complaints procedures, health and safety, information about outings and other services such as chiropody. There is a photo-montage of residents on another wall. Residents we spoke to said they were happy to talk to the staff about anything.

Residents' meetings are arranged, but, as noted above, those in touch are fairly few in number. The manager wondered whether using an online tool such as Skype might be a good way to keep in touch.

Conclusion and Recommendations

This is a relatively small Home where all the staff including the manager are readily available to residents and know them well, providing a personal, caring

service. There are undoubtedly constraints arising from meeting varying needs in a physically small environment, particularly for those who are more able and may benefit from more visitors.

Recommendations

1. Activities and menu boards with picture prompts would be helpful and could also be used as stimulus for discussions.
2. The planned refurbishments will certainly be of benefit, and it may be beneficial to consider improved lighting in the living room for those who enjoy reading.
3. We wondered whether the music room could be adapted for different uses, as it not currently used for music; the introduction of sensory materials here may helpful for some residents.
4. Given the few relatives connected to the Home, it is important to continue to engage the volunteer visitors as mentioned above. We would like to see this extended if possible, alongside supporting residents to use Skype to see and speak to their family members.

Service provider response

1. Activities picture board is now in place and easy to use for all.
2. Menu is written on white board and we are working on a picture menu to be completed by august 2015.
3. The Small music room will be and has been used as an activity room, future update of room in planning for 2016.
4. We continue to welcome, volunteers and new volunteers are coming from the 6th form college in September to work with residents doing activities.
5. Skype for the future improvement for residents and are raising monies for this all residents have access to Wi-Fi connections when downstairs, we planning to improve access to reach all over the home 2016.
6. Genral Improvement and decoration is ongoing in the home future plans are to upgrade bedroom doors, upgrading the garden and bedrooms.

If you have any comments on this report or wish to share your views and experiences of this or any other care home in the borough please contact us.

Healthwatch Waltham Forest
Waltham Forest Resource Hub (Central)
1 Russell Road | London | E10 7ES
Tel 020 3078 9990 |
info@healthwatchwalthamforest.co.uk



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