

Enter and View Visit Report

Provider Name	Morris & Co
Location of Service	Bicton, Shrewsbury
Name of Service	Isle Court Nursing Home

Type of Service	Care Home with Nursing
CQC Registration Details	http://www.cqc.org.uk/directory/1-132730203
NHS Choices Service Webpage	https://www.nhs.uk/Services/careproviders/Overview/DefaultView.aspx?id=68548

Date of Enter and View Visit	04 April 2014
Time and Duration of Visit	14.15 - 16.15
Authorised Representatives in Visit Team	1. Vanessa Barrett
	2. Geraldine Williams
	3. Kate Prescott (Volunteer and Involvement Officer)
Type of Visit	Semi-Announced visit

Purpose of Visit	Dignity and Respect: in reaction to comments received
Stand-alone visit or Part of a programme of visits	Stand-alone visit

Aims of Visit
To explore the residents' perceptions of the service provided, and specifically the respect shown for the privacy and dignity of the individual. Our aims were:



- To make observations on how the home supported the dignity of the residents
- To speak to as many residents as possible about their experiences in the home, focusing specifically on their interactions with staff and others providing their care and treatment
- To speak to family members visiting the residents about their perspective on the care provided
- To speak to members of the care staff about their concepts of respect and dignity in care

We were particularly interested to explore how the home supported residents with dignity and respect in regards to:

- Respecting privacy and dignity
- Promoting choice
- Freedom (and knowledge of how) to complain
- Involving service users in decisions about their care
- Promoting independence
- Treating as an individual
- Acting to alleviate loneliness and isolation

Outline of Visit

We were greeted by a staff member who contacted the home's Manager. The Manager gave us some details about the home before showing us around the three units. The Manager then left us to visit the three units independently. It was requested that we ask a member of staff to introduce us to individual residents before speaking with any resident.

The Authorised Representatives spent time alternating between talking with residents and their families, speaking with the staff members on duty, and making observations from different points within the home.

Isle Court is a 54 bedroom (all en-suite) care home with nursing which is arranged in three units: one 23-bed unit for frail elderly people; one 19-bed unit for frail elderly, younger disabled, palliative care and including 10 rehabilitation beds commissioned by the Shropshire Clinical Commissioning Group (CCG); and a 12-bedded unit for people with dementia.

We spoke with two residents in their rooms following introductions from staff members. Other residents willing to speak to us were in lounge areas. In total we spoke to eight residents, three visitors and five members of staff.



Data

Respecting privacy and dignity

All staff (including non-care staff) we saw approaching residents' rooms were observed to knock before entering: we saw five staff do this. However, one staff member did not appear to wait for a response to the knock before entering the resident's room. One staff member told us that if personal care is taking place staff place something specific on a door to signify this to other staff members: this was not observed on this visit.

We spoke to three care staff about what 'respecting dignity' meant to them. They clearly articulated appropriate actions and attitudes, for example, knocking on doors before entering and ensuring privacy whilst performing personal care. None of the three mentioned Dignity Champions or training in safeguarding, although following prompting, they indicated they were aware of these.

All residents in the communal areas were neatly dressed. One resident on the dementia unit had an artificial flower in her hair, matching her dress.

The manager showed us the hairdressing salon and informed us that a hairdresser visits two days a week, but that some residents prefer to ask a different hairdresser, they have personally sourced, to come in and use the facilities.

Exercising choice

Food

Every resident we spoke to about the food enjoyed the meals and felt they had adequate choice. Two specifically commented that they appreciated the option of going to a dining area or having meals in their own rooms. The home operates a four week rolling menu which is displayed in each dining area and every resident is visited individually in the afternoon and asked to choose their meals for the following day. Staff told us that if residents do not want what is on the menu an alternative, like an omelette, can be prepared for them.

We received two positive comments about the presentation of the meals and quality of service at mealtimes.

There is a 'comments' book in each dining area, for residents to comment themselves, or staff to note what had been said, about specific meals. We observed in one book that comments were left relatively frequently, and the comments were a mix of positive and a few negative. The home has since informed Healthwatch Shropshire that the Registered Manager reviews the comments book daily and all comments are discussed with the Head Chef to ensure the quality of the dining experience remains excellent.

We were told by staff that the menu is changed each season and the residents are consulted (by questionnaire) on the dishes they would like to see in the coming



quarter.

One resident said they enjoyed being 'waited on' and that, if needed, staff would cut up food and assist with feeding.

We were informed by staff that if a resident receiving palliative care wanted something different, staff would go out to buy what they wanted.

Staff informed us that residents can use the kitchenettes to make a snack and drink for themselves; however a risk assessment would have to be carried out first. Staff said it has been a while since this was last set up as there has been no recent interest.

Personalisation of Space

We were told by the manager that residents are encouraged to bring in small pieces of furniture and other items to personalise their rooms. The Manager also told us that every bedroom has a TV, but some residents bring in a larger screen or subscribe to satellite companies.

The Manager told us told some clients, particularly those receiving palliative care, like to keep in touch with their families by SKYPE. There is an internet connection in every bedroom and a wi-fi area in a lounge.

Personal photos were in evidence in the two rooms we visited.

Knowing How to Complain

We asked three residents if they knew how to complain if they wished to: none were aware of the process.

In the hall, by the front door, was a small framed notice about the complaints procedure.

Involving service users in decisions about their care

We asked two residents receiving rehabilitation care, how involved they felt in their care. One resident explained they personally felt that they had been involved. The resident said they received daily physiotherapy and saw the doctor and multi-disciplinary team each week. They understood the targets they needed to achieve before they could expect to be discharged home. The second resident said that the home had not spoken with them about the plan to promote their independence and get them ready for discharge, nor had the home spoken about when the individual could expect to go home.

The home has informed us since the visit that whilst the admissions, treatment and discharge planning is undertaken collaboratively, the instructing and responsibility agent for all rehabilitation beds at Isle Court is the Shropshire Clinical Commissioning Group. All residents within the rehabilitation unit have daily visits from members of the Multi-disciplinary team (physiotherapists, occupational



therapists, nursing/care staff) and the individual plans are formulated with maximum involvement with the resident. Planning for discharge commences from the day of the admission in line with the aim of the service and aims and targets are agreed. Individual progress is reviewed and discussed regularly with each resident.

Promoting independence

We observed care staff assisting residents from the lounge to their rooms after the afternoon activity: one was pushing a wheelchair and another was assisting a resident with a zimmer frame. The visit team noted that there are carpets throughout the home, which help maintain the quiet environment, but can make it difficult to self-propel a wheelchair.

All the bedrooms in the unit for people with dementia have French doors opening onto an enclosed garden. The garden offers a safe place for residents with dementia to use when the weather is fine. The Manager informed us that the raised beds in the garden had not been planted this year because they are planning on renovating the area this year.

Since the visit the home has added that residents of the unit are able to enjoy the garden area in all weather conditions, with support and appropriate attire.

Stimulating Environment

After the activity taking place during our visit had been completed, three clients told us how much they had enjoyed it. One other resident told us they personally did not wish to join in the activities provided, but liked to go to the lounge for the social interaction. Another resident said they had not attended that particular afternoon's activity, but generally enjoyed them, especially the 'singalong' that had taken place a couple of days previously.

We were given a copy of the month's activities schedule, and were informed that all residents receive a copy. There were varied activities every weekday, and occasionally twice a day. Three outings by minibus were planned for the month. Staff informed us they share the minibus with other Morris Care care-homes so they do not have access to it all the time.

We observed in a few of the lounges in the home that there were jigsaw puzzles available for residents to use and CD players; however we didn't see any of these in use.

Staff informed us that one lounge has a large screen that they can pull down and use for cinema nights, and they sometimes serve sherry at this. The Social Life Coordinator told us she asks residents what films they would like to watch on these nights.

The dementia unit has a resident cat, which staff told us has had a very positive impact on residents in that unit. In the dementia unit also we saw residents using books and games in the lounge (supported by staff) and we could hear music coming



from one of the rooms.

Treating service users as individuals

In the dementia unit a care assistant was interacting with three residents on different activities (one looking at a newspaper, one looking at a book on aircraft, one playing with dominoes). The staff member made a cup of tea for a fourth resident who walked into the lounge.

In the dementia unit staff informed us that residents are served breakfast when they wake up, but that mealtimes are more structured in the other units.

Acting to alleviate loneliness

We spoke with two residents in their rooms who said they felt comfortable choosing to stay in their rooms or to join other residents in the organised activities. The Social Life Coordinator said she makes a point of going and asking all residents individually if they wish to participate in the day's activities.

Other findings

- There were several folders in the front lounge with letters of appreciation directed to the home and its staff that had been received from relatives and other visitors. There was another folder by the front door with details of CQC (Care Quality Commission) reports and notes of residents' meetings with staff (there had been one six months ago, attended by nine residents and two visitors).
- We met several members of staff going about their work and were always greeted in a friendly manner. We spoke to five members of staff (in addition to the Manager). Of these, one had joined the staff soon after it opened (five years ago), two had recently joined the team and the two others had worked between one and two years at the home. On commencing at the Home, new staff are allocated a mentor, usually a member of the senior staff and the personal support they received from mentors was much appreciated. Every staff member we spoke with mentioned an induction programme, and the manager showed us a computer, near a nurse's station in one unit, that was available for staff to use for e-learning topics and procedures. Three staff mentioned refresher training in moving and handling. When asked about training no staff members spontaneously referred to training on issues around dignity or safeguarding.
- During our visit we saw eighteen residents around the home: ten were participating in an organised activity; five residents were in dementia unit; one resident was receiving visitors in a lounge; one resident was sitting alone in another lounge; one resident was leaving with a visitor as we arrived. Two of the homes lounges had nobody using them on the multiple occasions they were



visited, and two other lounges had only one person in each during the whole visit. The visit team were stuck by how few residents they saw about the home in general - specifically the number they saw outside of the planned activity and the dementia unit.

- In the front door lobby, a notice reminded visitors and staff of the importance of hand washing. However no gel dispensers or other facilities for hand hygiene were observed in the public areas visited.
- A colour coding system is in use, with each bedroom door indicating the level of assistance a resident would require in an emergency evacuation.
- In the Dementia unit, on the assisted bathroom door there was a picture of a toilet and a shower for easy recognition by the residents. However the visit team noted there was a smell of urine as we entered the dementia unit.
- Staff informed us that residents are given balloons and cards on birthdays with a zero or a five.
- Five of the residents said that the 'staff were kind'. One person added that "staff don't have much time to talk". No one we spoke to had anything negative to say about the staff. We observed the Manager stopping to assist a resident who was going out with a visitor. We observed some good interactions between the Social Life Coordinator and ten residents in one of the dining/lounge areas. We observed a staff member asking a resident if they were thirsty in a polite and friendly way. A staff member we spoke with said she had just been painting a resident's nails.
- In one unit we heard a call bell sounding for over five minutes, which was not answered. The visit team brought this to the attention of the manager during the visit.
- Members of a family visiting with a resident were very appreciative of the attention staff paid to the whole family. They had all been offered tea and cakes.
- At about 3.30pm we saw kitchen staff preparing hot drinks with cake, and delivering them nicely arranged on a tray to each resident.
- One person described the home as 'a special place' and praised the attention to



detail.

Key Findings

Five residents told us that the staff were kind, and we observed some gentle care during the visit. However we were very concerned to hear a call bell that went unanswered for approximately five minutes despite it sounding next to a nurse in the nurse's station: the bell was still calling as we left the unit. A nursing staff member at the nurse's station had informed us that the care assistants respond initially to call bells and call a nurse if it is needed. The visit team informed the home's manager of this incident at the time: she informed us she would look into it.

The residents and visitors we spoke to expressed positive views about the food, including the quality and the presentation. The comment book we looked at mostly supported this.

Staff appeared to act respectfully in regards to residents' dignity.

- We observed both care and kitchen staff demonstrate respect in addressing residents, and in knocking on bedroom doors before entry.
- We saw staff interacting with small groups of clients with humour and consideration.
- The staff who we asked to describe what they understood by maintaining the dignity of their clients, expressed themselves clearly and appropriately, although it does not appear that there are any designated Dignity Champions among the staff.

None of the residents we asked were aware of any complaints process.

Potential inconsistency in the application of care plans to support rehabilitation patients: of the two individuals we spoke to, one appeared to be very clear about their pathway for recovery, but the other said they had received no information from the staff.

Although we recognise that we visited in the afternoon, which can be quieter, and that in total we saw eighteen residents out of their rooms, the visit team had been struck initially by how few residents they saw out of their rooms and using the communal spaces. During our tour of the home we saw only five residents in the communal areas until we reached the dementia unit, though we subsequently saw ten residents participating in an afternoon activity.

Since the visit the home has said staff at Isle Court seek to ensure each resident exercises their right to choose their daily living activities, which includes their individual wishes and preferences. The home reports that a detailed life history "This is Me" is completed following admission, so that staff have an understanding of the individual's social history. Staff recognise the value of social interaction, but it is



tailored to the individual wishes and there are many individuals who choose not to become involved in any group activities. Naturally this choice is respected.

Recommendations

The home should review and monitor their call bell answering process to ensure it is meeting its purpose.

We recommend Isle Court identifies and implements mechanisms to ensure residents and visitors know how to complain. For example other care homes in Shropshire have posters throughout advertising that people with concerns should either ring the confidential number provided, or tell a member of senior staff.

Isle Court may wish to consider introducing Dignity Champions within the home as it can: support all members of staff to understand the concept and deliver dignity in care; and recognise the good practice of individual members of staff.

Response from Service

Call Bell Answering Process

The report details concerns about a delay in a call bell being answered during the visit and the recommendation that the home review and monitor the call bell answering process is made.

A daily review of the call bell response times is undertaken as part of the quality monitoring process. The system has a computerised recording of all calls and response times. It details the average response times in a 24-hour period. The ranges from 2-4 minutes average, although the vast majority of responses are under 2 minutes.

Staff are committed to respond to each call without delay, however, it should be noted that there will be influencing factors that affect this, including unforeseen emergency incidents and peak time activities; e.g. post meal times.

There is a facility within the system for any emergency/urgent situation to display and these of course would be prioritised.

Complaints

The report recommends that Isle Court identifies and implements mechanisms to ensure residents and visitors know how to complain.

Morris Care has a robust complaints process and Isle Court communicates this in various ways, including details within individual admission agreements and in the 'welcome packs' in each room.



Daily room visits to all new residents are made by Senior staff where 'settling in' issues are discussed and each resident is advised how to make a complaint should they need to. The Manager visits residents during the regular home walk-about where residents, visitors and staff have opportunity to express any concerns. All staff are receptive to expressions of concern and communicate effectively to Management.

Dignity Champions

All staff at Isle Court are trained in aspects of respecting dignity and the application which is monitored through supervision of staff.

The benefit of Dignity Champions is acknowledged and one team member has volunteered to undertake this role since the visit.

