



Enter and View Report

The Kensington Care Home
Wednesday August 7th 2019

healthwatch

North East Lincolnshire

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Report Details

Address	The Kensington Pelham Road Immingham Grimsby North East Lincolnshire DN40 1PU
Service Provider	Balmoral Care Ltd
Date of Visit	7.8.19
Type of Visit	Announced / Unannounced (See methodology on page 5)
Representatives	Karen Meadows, Judy Hamilton, Betty Godwin

Acknowledgements

Healthwatch North East Lincolnshire would like to thank the service provider, residents, visitors and staff for their contribution to the Enter & View Programme.

Disclaimer

Please note that this report related to findings observed on the date listed above. Our report relates to this specific visit to this service and is not representative of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

This report is written by the Volunteer Officer for Healthwatch North East Lincolnshire using the information gathered by the Enter and View Authorised

Representatives named above who carried out the visit on behalf of Healthwatch North East Lincolnshire.

What is Enter and View?

Part of the local Healthwatch Programme is to carry out Enter and View visits.

Enter and View visits are conducted by a small team of staff and trained volunteers, who are prepared as “Authorised Representatives” to conduct visits to health and social care premises to find out how they are being run and make recommendations where there are areas for improvement.

Enter and View is an opportunity for Healthwatch North East Lincolnshire to:

- Enter publicly funded health and social care premises to see and hear consumer experiences about the service
- Observe how the service is delivered, often by using a themed approach
- Collect the views of service users (patients and residents) at the point of service delivery
- Collect the views of carers and relatives
- Observe the nature and quality of services
- Collect evidence-based feedback
- Report to providers, the Care Quality Commission (CQC), Local Authorities, Commissioners, Healthwatch England and other relevant partners

Enter and View visits are carried out as “announced visits,” where arrangements are made between the Healthwatch team and the service provider, or if certain circumstances dictate as “unannounced visits.”

Enter and View visits can happen if people tell us there is a problem with a service but equally they can 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 services first-hand.

Purpose of the Visit

- To engage with service users of the named service and understand how dignity is being respected in the care home environment
- To observe the care provided at this home, looking at a number of key themes; Environment, Food & Drink, Safeguarding, Staffing and Personal Care
- To observe residents and relatives engaging with the staff and their surroundings.
- Capture the experience of residents and relatives and any ideas they may have for change

Methodology

This visit was an unannounced Enter & View visit.

An unannounced visit is when the care home is aware that we will be conducting an Enter & View in the near future but the establishment are not aware of the exact date the Enter & View Team will be visiting. A letter will be sent to inform the establishment of the pending visit, along with a Manager's questionnaire.

Our Previous Visit

The Kensington has not been previously visited by Healthwatch North East Lincolnshire.

Details of Visit

The Kensington is a residential care home, situated in a residential area of Immingham that provides care for older adults, including those living with dementia.

The home was previously a residential property that has been extensively extended with residential accommodation situated on one floor, with office and staff facilities on the second floor. The home accommodates up to 35 residents in 33 single and 1 shared occupancy rooms, 16 of which have ensuite. At the time of our visit there were 21 residents currently residing in the home. We received the manager's questionnaire prior to our visit in which the home identified that referrals to external health services were taking a few weeks and that they have had issues with a few unsafe discharges from DPOW.

Environment

The Enter & View Team were greeted in a small reception area via an entry control system. There was hand sanitizer, and a sign in book which the Enter & View Team were asked to sign in. The home's CQC rating was not displayed. We were told that Notice boards were on order for this as they were aware that this does need to be displayed according to new CQC guidelines.

Situated off the Reception was a small hallway space with some seating and information displays, including a dignity tree. The Enter & view representative queried whether a small glass side table was shatterproof and we were told that this was. It was also noted that there appeared to be a safeguarding folder on the shelf in this area, which could have contained confidential material. We would recommend that this be locked away or any confidential information removed.

Communal areas

Leading off from the Hallway were a series of corridors that provided access to the Communal areas and downstairs resident's rooms.

These were all neutrally decorated and had hand rails. The corridors were carpeted, and whilst the carpets were clean it was noted that they were quite worn in places.

We were informed that the home were gradually replacing the carpet with vinyl flooring, but it did not appear that this had been implemented to date. The team found that there was a raised 'lump' in one corridor immediately outside one resident's room which would be a trip hazard; this was pointed out immediately to the management team who informed us that she would tell the Handyman to rectify this ASAP.

Hand sanitizers were frequently and appropriately situated along the corridors to aid infection control. There had been some effort made to decorate the corridors with coloured prints but the Healthwatch team felt that these could perhaps be in more of a reminiscence style. There were a couple of sensory boards displayed on the main corridors and we were told that the residents enjoyed using these and formed part of their 'routine' in some cases.

The Kensington has two communal lounges. At the time of our visit, one of the lounges was occupied by a number of residents who were having afternoon tea and biscuits from the tea trolley. The high back chairs were arranged around the perimeter of the room but we were told that this was because the residents had been taking part in an activity earlier. However at this point the residents were watching TV with subtitles. The lounge was clean and bright with some nostalgia items and a refreshment station. The residents could also enjoy the use of a dementia radio. This is a large brightly coloured radio with one single button on the top that the resident simply has to press to hear music of their choice, saving the need for tuning and selecting stations.

An additional lounge area was designated as more of a quiet lounge, but this proved to be less popular with the residents as they like to be closer to the dining area. This lounge was bright and airy with comfortable high back armchairs and a large TV, Fish tank and refreshment station.

There was also a piano that was used by visiting entertainers and a large Sensory board. This was a board with several things 'to do' and 'feel', e.g switching switches, pulling locks etc. The Healthwatch team felt that the sensory board may be better placed in the more frequented lounge so that it could be used to its full potential.

The home has recently introduced a 'Sixties lounge' which was a small area decorated and furnished in a 'retro' style, with a radiogram, retro wallpaper and furnishings. However, the seating was acknowledged as being inappropriate for the resident population as it was too small, hard and unfunctional.

Similarly, because these chairs were white plastic some of the residents were mistaking these for toilet facilities. The Healthwatch team felt that whilst this lounge was an innovative idea, more thought needed to go into the furnishings, replacing the seating and perhaps having more '60's' style nostalgia on display on the walls etc.

The outside areas at The Kensington were very large and separated into two distinct areas. There was a large paved patio style area with garden seating and a large raised pond. There was a warning 'deep water' sign displayed, although the water was murky and there was no fish. We were told that this was in line for refurbishment into a 'Hydro' garden and the fish replaced.

The patio area also housed a large wooden shed type building. One half of this was used for storage of bird seed (for the bird feeders) and two additional chest freezers. The other half of the building was designated as a 'summer house' but this did not appear to be used as such and was in a state of disrepair, having broken furniture, unswept flooring and a very large dirty broken parasol. It was clear to the Healthwatch team that this area would need some repair and maintenance if this was to be used as a summer house by the residents. The Team also witnessed a designated smoking area in this space, but felt that this was a little too close to the door so smoke could possibly filter through indoors. The ashtray was also very full and overflowing.

Another part of the outside space was known as ‘the orchard’ which was accessed via a locked side gate. This was a large grassed area with mature fruit trees and secure fencing along the perimeter. There was a new area marked as a vegetable garden and it was hoped that the residents would become involved in growing the vegetables for the home. However, large parts of the surrounding shrubbery and greenery were over grown and hanging over the walkways. Similarly some of the concrete sideways were a little uneven and covered in places with moss. The Healthwatch team felt that these walkways could prove a possible health and safety hazard for residents, who all have access to this area via their French doors.

Management informed us that the home does employ a handy man whose current priority is building maintenance and not the grounds, however they stated they have recently employed a gardener, but they have not commenced employment as yet.

The dining area at The Kensington is also situated on the ground floor and is set out in a canteen style with small square wooden tables and chairs. Whilst this area was clean and tidy and had undergone some recent redecoration, the Healthwatch Enter & View Team felt that this area still felt a little utilitarian. It was felt that this area may benefit from some additional decorative features and furnishings for a more homely feel. There were no menus set out on the tables but the team were informed that these are set out at meal times with the day’s choices for the residents to choose from. We were shown a sample menu with a range of healthy choices and told that Residents can have the choice of a light or cooked evening meal. There was a chalkboard in the room that is used to display the day’s choices but this was blank at the time of our visit and it was noted that menu choices were not available in a Pictorial format.

There was a refreshment station in the dining area with a large cooler containing juice, this was only partially full and it was noted that there were only two drinking glasses available.

Residents Rooms

Resident's rooms were situated off the main corridors on the ground floor. External room doors displayed room numbers and a framed photograph of the resident on the wall to the side of the door. The room doors for those residents living with dementia had not been colour coded in line with dementia friendly guidelines. Resident's rooms were all of varying proportions and in good decorative order, most having an outside aspect through French style doors. Residents are encouraged to personalise their own living space and all rooms had water/juice jugs available.

Ten rooms have vinyl flooring. There are 10 rooms with ensuite facilities, some only having a toilet and sink and others with a shower unit. In the newer wing of the Home, resident's rooms and bathrooms benefited from wider doorways to aid accessibility for those residents that use wheelchairs, and the communal bathrooms were larger and designated wet rooms.

All bathroom and toilet facilities were clean and well maintained, with appropriate safety and lifting equipment and raised toilet seats. The Enter & View Team felt that the bathing and ensuite facilities could benefit from some additional décor so that they do not appear quite as 'clinical'.

Each room has a mobile call bell system which goes direct to a Medicare monitor. This shows which room is calling for assistance and also records when a member of staff is in assistance. There are several of these monitors placed around the home so that staff can monitor call bells at all times.

Other facilities

The Kensington has its own laundry operated by designated laundry staff. This is accessed by a keypad system. Resident's linen is kept in a locked cupboard.

There is a designated medication cupboard which was locked.

Food and Drink

The Kensington serves resident's main meals at midday, however, residents can have a choice of a main or light meal at lunchtime or for their evening meal and can request snacks at any time of the day. All food is prepared on the premises in an onsite kitchen. The Healthwatch Team were shown the kitchen, and asked to wear protective aprons which were easily accessible for staff. The kitchen area was observed to be clean and functional but it was felt that the cooker could perhaps be more thoroughly cleaned.

Residents commented that the food was 'lovely' and "lots of choice". Residents have access to hot drinks and snacks available from the refreshment trolley and this was observed during our visit. The range of snacks did appear to be limited with only biscuits on offer.

Recreational Activities

The Kensington employs an Activities Coordinator. She told us that she promotes a varied range of activities. We were told that these include board games, crafts and colouring, parachute games etc. There is a large photo display of some of these activities in one of the communal areas and whilst there is an activity board displayed this is very small and simply displays photos of types of activities, and is not set out in a weekly structure that clearly shows the activities on offer for that week in pictorial form. This would be useful for residents and relatives to know what activities were on offer each day. There were also separate posters displayed in the home advertising a senior citizens event coming up in September.

For those residents who are more restricted in their ability to engage in activities, the Coordinator organises one to one 'pampering' sessions that take place in resident's rooms.

The Residents are also offered activities within the community such as visits to garden centres and the seaside which can be accessed by using wheelchair taxi services. However, we were told that engagement in this is very low despite the

residents being encouraged to take up the offer of the trips out. We were told that the residents preferred to have people come into the home to entertain them, such as local singers and a yearly Christmas pantomime troop. There is also a therapy dog that visits on a regular basis.

Residents

During the visit the Enter & View Team were only able to speak to a few of the residents as many were in their rooms asleep or with visitors or were in the lounge dozing. However, the consensus of opinion from those spoken to was all positive. These residents stated that they were able to get up and go to bed when they pleased, and have access to drinks and snacks when they requested. All Residents appeared clean, well dressed and contented.

Comments received from the Residents included, *“ I like it here”*, *“the staff are friendly”*, *“ I like it here because I can listen to music”* and *“it’s not what I would I would have chosen for this time of my life, but I’m happy”*.

Relatives and Friends

The Enter and View Team were unable to speak to relatives or friends visiting the home but questionnaires were posted to the Kensington a month prior to the visit and were left during the visit. The responses received via these questionnaires have been mostly positive and all compliment the home on its cleanliness, location and friendliness of staff.

One relative felt that the home could offer more by way of activities within the local community and more social events that relatives could attend. Another relative stated that whilst she felt her relative was *“well cared for”* she also felt that *“staff were too busy most of the time”*. Other comments included *“everything runs smoothly in the home”*, *“staff are kind and helpful”*,

Staff

The Kensington currently employs 8 full time, 7 part time and 7 additional members of staff. We were informed that staff absences were managed by agency

staff. The Enter & View Team were only able to speak to one member of staff during their visit as others were all busy tending to resident's needs. Several staff questionnaires were completed and returned by staff. Again, these responses were mostly positive with the two concerns being raised over the adequate numbers of staff *"would like to see more bank staff being available"* and *"staff absences not well managed"*. Another concern was raised regarding the amount of time staff get to spend with residents being inadequate. All staff that responded felt that they were adequately trained and supported in their roles with the majority saying that the most enjoyable part of their role was caring for and interacting with the residents. *"I enjoy knowing that I am making a difference to their lives and that they appreciate my time"*. *"I enjoy seeing the joy on resident's faces when you can spend time with them"*. Other comments included, *"The staff are very good at team work and most are loyal to the home, and more importantly, to the residents"*.

During their visit the Enter & View Team observed that the staff that they did see were cheerful and friendly. It was difficult to observe if their interactions were empathetic and responsive to care needs due to the lack of one to one interaction observed. The Manager of the Home was approachable and as the visit proceeded, she interacted with both residents and staff in a very natural and accessible manner. We observed that she was motivated to ensure that resident's needs were met and demonstrated that she was aware of day to day operations.

Promotion of Privacy, Dignity and Respect

The home has bi-monthly residents and relatives meetings to discuss best practice and any issues which have arisen at the home.

During their visit the Enter & View Team saw that staff treated residents with respect and ensured their dignity was maintained. Staff were observed speaking to residents at their physical level and observed knocking on resident's doors before entering. The home displays a dignity tree but currently there is not a Dignity board that identifies the home's Dignity Champion or highlights values to be promoted within the home. We were told that this was awaiting arrival of new notice boards.

Safeguarding, Concerns and Complaints Procedure

Safeguarding and complaints procedures are in place. Staff advised they were aware of the procedures and had attended the necessary training.

Medication and Treatment

The Enter & View Team found that medication is securely locked in a medication cupboard. The home has access to a range of community health services who attend the residents within the home on a regular basis. We were told that there had been some concerns regarding these services in that referrals can take a few weeks due to other health professionals being busy.

The home has adopted the 'Red Bag' scheme. This scheme ensures that residents who have to have care at the hospital have all the information with them that is required. This information is kept in individually pre prepared files (compliant with GDPR) and these go into the Red Bags along with any personal belongings.

The home reports that whilst the Red Bag scheme appears to be working well at this stage, it is not always working so well when paperwork is not returned or is incomplete. The manager of the home to raise their concerns separately to Healthwatch NEL.

Recommendations

- To ensure that CQC ratings and Dignity Champion information is displayed prominently within the home.
- To reconsider the use of glass furnishings within the home environment due to health and safety considerations.
- To ensure that confidential material/folders are kept secured and away from public view.
- To continue with the replacement of carpet flooring to vinyl flooring and ensure the raised 'lump' on one corridor is immediately rectified as this is a tripping hazard.

- To consider the use of more ‘reminiscence’ style artwork/ decorative prints in the corridors and communal areas.
- To consider moving the sensory board in the lesser used lounge into the main lounge area.
- To consider replacing the seating in the ‘Sixties lounge’ and perhaps consider having more ‘60’s’ style nostalgia on display on the walls to encourage residents to utilise this space more often.
- To continue progress with the planned Hydro and vegetable gardens to enrich the outside space for the residents. Healthwatch North East Lincolnshire can assist by putting The Kensington in touch with voluntary agencies that help assist with this.
- To carry out repair and maintenance to the summer house in order to make this a safe and accessible and utilised space for residents use.
- To clear overgrown vegetation from walkways and clean and repair concrete walkways to prevent trip hazards in the outside areas.
- To consider accomplishing a less ‘utilitarian’ dining environment that would create a more intimate and homely dining experience.
- To ensure juice stations are kept refilled and that there are adequate number of drinking vessels for residents use.
- To ensure that the menu board and menu information is available for residents to make their choices from, and to consider the use of more pictorial menu’s.
- To consider some additional decorative touches to the en-suite and bathroom facilities to create a less clinical appearance.
- To consider offering a more healthy choice and range of snacks.
- To consider the use of a weekly structured Activity schedule, preferably in pictorial format, so that residents and relatives are aware of the activities on offer.

What's working well?

- The home promotes a welcoming environment, with compliments from residents and their relatives on the quality of the care provided.
- Many of the home's residents are from the local area and have been able to retain their sense of community and familiarity.
- The home has some creative ideas for the use of the outside space and are working towards making this a more inviting and utilised environment.

Service Provider Response

The safeguarding folder in reception area contains general safeguarding information for families and does not contain personal information.

The raised 'lump' in the corridor was rectified the day of the visit.

The summer house has now been cleared and all debris removed and the walkways cleared.

The smoking area is designated by the insurers but the ashtrays are now emptied daily.

The drink stations are only ever 1/3 full and refilled twice daily and glasses in the dining room are set on the tables.

The outdoor pond is not netted and will be a raised vegetable bed by the spring. It will be reduced in height to be wheelchair accessible.

With regards to the comment about Residents sat around the wall area of the lounge, we made a decision that, as a large number of residents require 2 staff and 1 mechanical hoist to return them to either the of the other lounges, this was too disruptive and it was agreed that the residents would be repositioned at teatime. This was discussed with the residents.

'choice' menu is taken around by the cook the day prior and choices are recorded on the menu choice sheet. A plated version is then shown at mealtimes to those that may have forgotten their choice.

Snacks available on the tea trolley that day included biscuits (low fat and sugar free) low fat crisps and pears from the orchard. As fruit is in a bowl it is on a lounge shelf so as to avoid handling by others.

The sensory board in the lounge cannot be relocated as there is no wall space available at a height the board could be reached.

The home previously had tablecloths and real flowers on the dining room tables but confused residents would pull at the cloths, risking scalding others and one resident ate the flowers.

The Activity board shows that week's activities in pictorial format, we used to do a list but pictorial is preferred by residents.

None of the residents have access to outside area via their patio doors as it is a requirement that these have restrictors fitted.

Distribution

Brett Brown, CCG contracts officer Lead

Caroline Barley, prevention and wellbeing manager, public health, NELC

Jan Haxby (Director of Quality and Nursing at NELCCG)

Marie Oxley, Inspector CQC North East and Coast Hub2

Lydia Golby, Nursing lead for Quality, NHS NELCCCG)

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