

Engage & Share

Report

Drake Court Care Home

APRIL 2022



healthwatch
Walsall

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Engage & Share

In the past we were able to under a programme called 'Enter and View', which, prior to COVID19 allowed Healthwatch Walsall to visit health and social care settings that are publicly funded such as: GP surgeries, Hospitals, Care and Nursing Homes etc.

Due to COVID19 all Enter and View was put on hold to avoid spreading any further virus outbreak. So, after some thought 'Engage & Share' was developed to deliver as an alternative to Enter and View. The methodology used would be over the phone or by use of video chats or both if participants wished and had access to technology.

Participants in this report chose to take part, not all service users wished to answer all questions. Some service users declined to take part as is their choice.

Given the work was carried out virtually, we were unable to sight venue facilities, décor, communal spaces. In addition, we are unable to physically sight food portions, giving of hydration to residents, staff to resident interactions and activities taking place.

Photographs of some of the above have been requested.

Abbreviations that may appear in this report.

CQC - Care Quality Commission

WP - BC&WBCCG - Walsall Place Black Country & West Birmingham Clinical Commissioning Group

HwW - Healthwatch Walsall

P.P.E. - Personal Protective Equipment

P.A.T. - Portable Appliance Testing

D.o.L.S. - Deprivation of Liberty Safeguards

HWW Engage & Share has been developed by Healthwatch Walsall.



Venue Overview

Venue: Drake Court Residential Home

Service run by: Drake Court Healthcare Limited

Address: Drake Close, Bloxwich, Walsall WS3 3LW

Telephone: 01922 476060

Venue Type: Residential Home

Number of beds: 29

Current service users at this time: 27

Specialisms/services: Accommodation for persons who require nursing or personal care, Dementia, Caring for adults under 65 yrs., Caring for adults over 65 yrs.

As we cannot yet visit and undertake our Enter and View Visit in person due to COVID19 and at the request of our commissioners, we requested the following photographs void of any people in them.

- | | |
|---|---|
| 1. Weekly food menu | 11. Any other service user accessible area not listed above |
| 2. Weekly activities list | 12. Photograph of fire extinguisher showing last inspection/maintenance date |
| 3. Kitchen prepping/ cooking area | 13. Photograph of an electrical item showing last PAT check/date |
| 4. Inside food larder and fridge showing examples of food | 14. Photograph of any emergency resident alarm equipment in bedroom and bathroom/ toilet area |
| 5. Visitor lobby/entrance area | |
| 6. Lounge area | |
| 7. Dining area | |
| 8. A typical bathroom | |
| 9. A typical resident bedroom (vacant) | |
| 10. Garden area if residents can use | |

Staffing

Total Staff: 26. A mix of full and part time.

17 Care staff

1 Manager

0 Administrator

4 Seniors

2 Domestic/Cleaner

2 Catering Staff

Agency staff utilised as and when staff shortage at night.

0 Bank staff

1 day & night carer vacancy at present

Latest food hygiene rating: 5

Link: <https://tinyurl.com/3m4jy3yw>

Date of Inspection: As found on web 25th September 2018

Venue Interviews were carried by Healthwatch Walsall on these dates:

Residents/service users: 29th April & 3rd May 2022

Relatives, carers and friends: 0

Care/Catering Staff: 24th April & 29th April 2022

Manager: 24th April

CQC information:

The service is rated as Overall: Requires Improvement.

- Safe - Requires Improvement
- Effective - Good
- Caring - Good
- Responsive - Requires Improvement
- Well Led - Requires Improvement

CQC inspection took place 20th October 2021

Report was published 24th December 2021

Link to CQC information: <https://www.cqc.org.uk/location/1-122343685>

Safety measures and procedures

- Access is via intercom and keypad
- We were advised that Fire extinguishers were maintained April 2022
- Portable Appliance Testing carried out 7th September 2021
- Fire alarm test weekly



Resident(s)/ Service user(s) interviews

There were 27 residents/service users at Drake Court when we undertook this project. The home supports a cohort of residents with varying needs.

We tried to engage with all residents on different days but due to their varying capacity and their choice to take part we spoke to 4 residents/service users.

The interviews revolve around the care that an individual receives and that their involvement and choices in their care are listened to and delivered. What may be good for one resident may not be the choice or ideal for another.

We called on separate days to give residents the opportunity to speak to us if they wished to. On each of those days we called morning and or afternoon.

Some residents did not fully complete the interview and in some cases did not answer all of the questions fully.

Resident/Service User 1

The resident felt that they had a choice in what they wore daily, that they had choices in the food they ate stating "We have menus to choose from". When asked about drinks they said, "Plenty of drinks can have when we want".

When asked about when they went to bed they answered, "Go whenever I want".

They were also asked about their personal care and they answered, "I pull my cord when I need them".

When asked about if they felt that their care needs were being met, "Definitely they do, I was included in my care plan".

When asked if staff treated them with respect. "Oh yes, very kind staff, lovely, staff respectful".

When asked if their call bell was in easy reach they answered, "by my bed, everywhere in reach".

When asked if their religious preference is taken into account/they answered, "I don't follow my religion".

When the resident was asked about access to other medical services such as dentist, optician, chiropody the resident answered, "Don't often see dentist, got dentures", "I went to the opticians in the High Street this year" and "Chiropodist visits regularly". It appears the resident had used one of the above services in the last six months.

The resident went on to say, "Lovely Manager, lovely staff". "Manager seems to have everything under control here, premises very clean". "I am very happy living here, wonderful place to live. I have choices about everything".

Resident/Service User 2

The resident felt that they had a choice in what they wore daily, they answered "I choose what I want to wear". Food was "lovely, food from menu with choices".

It was indicated that there are plenty of cold drinks not hot drinks so much.

They felt that their personal care needs are being met and were aware that they have a care plan.

When asked about accessing any medical services such as a GP whilst in their home. The resident felt that any visits or arrangement to see a G.P. would be arranged by the home.

They mentioned that other services were available such as: Optician, Chiropody and Dentist. All arranged by the home. One of the services had been in the last 12 months.

When asked if their call bell was in easy reach they answered, "Always is".

When asked if their privacy and dignity is maintained they answered, "I can go to my room for privacy".

When asked if their religious preference is taken into account/ they answered, "I am religious, Priest visits me".

The resident finished by saying "Generally speaking, I am very happy living here. Everyone is good here and good to me".

Resident/Service User 3

The resident felt that they had a choice in what they wore daily "I wear what I want". They said that "I have a choice of food and there is plenty of drinks".

When asked if they had a choice on when they went to bed they answered, "I go when I wish".

They indicated that they felt that their needs were being met. But did not know if they had a care plan.

When asked if they felt they were treated kindly and with respect they answered "Sometimes no privacy here. Everyone hears everything".

The resident was not aware if they had their own G.P. or the home provided one.

They said about other services such as: dentist, optician and chiropodist "I see them regularly". But they could not state when they saw them recently.

When asked If call bells were in easy reach? It was answered "Yes, call bells in easy reach and staff come."

We asked if their religious beliefs are catered for "I used to attend church. I have not done so for a long time and nobody comes from the church to see me".

Final comment from the resident "I don't like where I live now. At times not private enough for me and we live on top of one another".

Resident/Service User 4

During the chat with the resident a number of statements were shared with us that required to be forwarded to the appropriate organisation to deal with appropriately.



Relative(s) interviews

As we do not hold relatives, carers and friends' details, we asked that relatives be made aware of the opportunity to take part on several occasions.

No parties took part.



Staff interviews

We spoke to 2 duty care Staff and a catering staff member. We were advised that staff are fully vaccinated, and the majority of staff have received Flu vaccinations.

There is NO dedicated Activities Co-Ordinator. Existing care staff deliver activities. External entertainers also visit when booked.

The table below illustrates staff cover over periods of the day:

	Morning	Afternoon	Evening	Night
Staff cover	Manager, Senior, 4 care staff	Manager, Senior, 3 care staff	Senior, 3 care staff	Senior and 2 care staff

Care Staff

We spoke to a full time 'Senior' care staff member who had been in post for five years at Drake Court, with a care career of about twenty years in total. Holding level three NVQ qualification. They

undertake training online via 'Citation' an online training platform. Undertaking mandatory units such as: Safeguarding, Health & Safety, Lifting & Handling, First Aid etc.

We were advised that residents care plans are held electronically on hand-held tablets carried daily by staff and updated and shared when necessary and at handover meetings.

We asked what activities took place for residents and we were told: reading either residents can read, or staff read to residents, bingo, cards, videos, playing music. Also, external activity [providers/ entertainers] come in and offer mental and physical stimulating and involving activities. A few residents are still independent and can go out from the premises and undertake shopping or activities and trips of their choice.

There is a small garden area for residents to access and will be utilised more during spring and summer.

When asked about what challenges did COVID19 bring we were told "Trying to explain to residents about COVID and wearing masks, also trying to explain why visitors were not able to come and see them and why trips were no longer possible".

We were told that:

- There has been/is a good supply of P.P.E.
- Staff morale is at a good level
- There has been increased staffing levels to meet residents' needs.
- That they felt supported by management and the owner
- The Senior felt there was an open-door policy to management and owner

The second care staff member had fourteen years care experience. They hold a level 2 NVQ.

They are receiving mandatory training mainly online in: Safeguarding, Health & Safety, Lifting & Handling etc. this is done online via 'Citation' an online training platform. They were aware that there was a training matrix.

Changes to residents' care are communicated verbally throughout day, recorded on individual care plans and discussed at staff handovers.

They felt that staff morale was good and that they felt supported to carry out their role. They were not aware of support from the local authority. (This may be more at management level).

They expressed that there is a growing need for specialised equipment as some residents are now entering or having increased dementia levels.

Residents' updates are shared at handovers and can be communicated verbally throughout the day with other staff members.

COVID19

- Residents contact with relatives/loved ones has been reduced.

To address COVID19 risks:

- Visitors are asked to undertake a COVID19 test prior to visiting the home.
- Residents and staff are vaccinated and received their booster and now in the process of receiving another booster jab.
- Risk assessments are in place around COVID19 and visitor process in place to reduce risk of COVID19 spread.
- A visiting pod has been set up for residents' visits.

Catering staff member interview

We spoke with one of the catering staff members who are catering for up to twenty-seven residents at this time. They had been on post for three months but had catering experience reaching back seven years.

We were told they hold the recognised food hygiene certificate and regular training is in place and a training matrix is used. Training is delivered online.

We were advised that there are daily choices for residents to choose from. The menu is a four-week rota menu comprising of three hot meals a day: breakfast, lunch and tea.

There are a minimum of two meal choices per mealtime, with additional individual choice for residents should the menu not appeal to them on that session. Written menus and pictures menus are available.

Additional snacks are offered at non mealtimes should residents want them.

Currently there are no vegetarian residents nor residents with a gluten intolerance. We were advised that there are no residents with food allergy conditions, should there be, the catering staff would check/be notified via the resident's care plan or via management and staff feedback.

Currently four residents are on 'soft food'. Those residents are on soft, or bite size food as recommended and consulted with S.A.L.T.

Due to the number of residents with varying cognitive impairments and differing personal needs, specialist eating equipment is available/used, such as plates, cutlery and beakers. Care staff can also assist residents during mealtimes to eat, should there be a need.

Due to COVID, residents are seated at a table whilst staff monitor. Bed bound residents or residents that prefer to eat in their room are accommodated and when necessary, offered assisted feeding.

We were advised that Food is a mix of fresh, frozen with some canned. Fresh fruit is dependent on season and availability from supermarket. The home orders/receives one food shop per week.

We were advised that food checks and temperatures are carried out and records are kept.

The staff felt supported in their role by management and staff.

Manager Interview

We spoke to the Manager at the Drake Court who had been in post since the 7 March 2022. But had experience in domiciliary care, deputy management residential care homes spanning 30 years. They hold NVQ 5 Health and Social Care.

We were advised that they have applied for registration and a DBS check is in place.

The manager seeks to engage with residents daily.

Staff receive online training via 'Citation' an online training provider and an active training matrix is in place.

The Manager takes part in handovers with staff to discuss resident changes and updates.

Resident records are updated and accessed as and when needed, Electronic tablets as well as paper records are used and maintained to discuss at handovers and updated daily.

The manager is currently seeking to improve highlighted negative aspects from the recent CQC inspection/visit, which they hope will improve resident experience and their CQC rating.

We were told that...

- Resident weight and fluids charts are maintained daily.
- Staff meetings are held monthly
- Relative feedback is sort via a three monthly (quarterly) survey
- Visits from the Walsall Dementia team take place to undertake staff/ resident observations and to give advice and information
- Staff have been vaccinated (COVID19)
- Visiting times to residents are not set bit do need to book due to COVID19
- Staff hold levels 2 & 3 NVQs in Health and Social Care
- Staff Training is online

The Manager feels supported by owner who they can contact as needed throughout any day.

When asked what could be put in place to improve the resident experience? We were told the provision and use of a sensory room. The plan is to convert the current visiting pod to a sensory area with equipment for residents who would benefit from it.

Other support and organisations that support/ visit Drake Court are:

- Quality Team contact/visits from the Local Authority
- Local GP visits scheduled and non-scheduled attendance.
- Nurse visits
- Other medical services are available upon request

Photographs Requested pictures list. Those in bold/ italics are those we received.

- | | |
|---|---|
| 1. Weekly food menu | 12. Photograph of fire extinguisher showing last inspection/ maintenance date |
| 2. Weekly activities list | 13. Photograph of an electrical item showing last P.A.T. check/ date |
| 3. <i>Kitchen prepping/cooking area</i> | 14. <i>Photograph of any emergency resident alarm equipment in bedroom and bathroom/ toilet area</i> |
| 4. <i>Inside food larder and fridge showing examples of food</i> | |
| 5. <i>Visitor lobby/entrance area</i> | |
| 6. Lounge area | |
| 7. Dining area | |
| 8. <i>A typical bathroom</i> | |
| 9. <i>A typical resident bedroom (vacant)</i> | |
| 10. <i>Garden area if residents can use</i> | |
| 11. Any other service user accessible area not listed above. | |

Pictures sent from drake Court



Findings

- Currently there is no dedicated Activities Co-Ordinator
- Activities we are told are continuing such as music, dancing, bingo etc. With additional entertainment from external (bought in) providers
- Some relatives commented that there is little to no privacy. Everyone can hear other people's business.
- One resident used to visit church, but it appears that they do not go anymore, nor do they have a visit.
- Consider specialised equipment for residents with increasing dementia levels
- A resident felt that other residents private or individual concerns were discussed in front of other residents and staff

Recommendations

- Consider additional staff member as a dedicated 'Activities Co-Ordinator'.
- Assess residents need for specialised equipment to meet individual needs of those with increasing dementia.
- Look at how discussions are conducted to preserve privacy and identify if more private places are used when discussing personal or individual information, issues or questions with residents.
- Identify residents wishes to attend religious venues or enable religious visits.

Service Providers Response

As the service provider you may respond here.



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