



**Enter and View visit report**

**Karam Court Care Home**

24<sup>th</sup> November 2016

# Contents

Acknowledgments .....	3
Disclaimer.....	3
Visiting Team.....	3
Purpose of the visit.....	4
Methodology.....	4
Summary of findings .....	4
Additional findings.....	5
Recommendations.....	5
Service Provider response .....	5
Results of Visit .....	6
Residents .....	6
Staff.....	6
Staff Training .....	7
Visitor and Relatives.....	7
Environment.....	7
Interaction between Residents and Staff.....	7
Assessments of Needs and Care Planning.....	8
Concerns/Complaint Procedure.....	8
Food.....	8
Activities.....	9
Health Needs and Medication.....	9
What is Enter and View.....	11



Karam Court Care Home, Mallin Street, Off Highbury Road, Smethwick B66 1QX

## Acknowledgments

Healthwatch Sandwell would like to thank the management of Karam Court Care Home, staff, residents and visitors for their contribution to our Enter and View visit.

## Disclaimer

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

## Visiting Team

The team of authorised representatives carrying out this visit were Brenda Jones and John Clothier. They were accompanied by our staff support officer Ian McGarry.

## Purpose of the visit

- A program to examine the delivery and quality of care provided at Residential and Nursing homes in Sandwell
- To engage with service users of care homes and understand how dignity is being respected in a care home environment
- Identify examples of good working practice.

## Methodology

**The visit was announced to the home prior to our arrival.**

Whilst our team were in possession of the latest Care Quality Commission (CQC) Inspection report, we were not basing our visit on the content of this report.

Karam Court has a capacity for 47. At the time of our visit there were 45 residents at the home all of those over the age of 65. There have been younger residents but this is very rare. All the residents have some form of dementia or Alzheimer's or schizophrenia. Additionally, most residents have some degree of incontinence. Karam Court rarely provides respite care

In the main hallway we observed our poster for relatives on display, an activities suggestion board and fire alarm testing notice. Also a notice with today's weather.

We observed in the day rooms, staff talking with residents. The residents looked happy and contented. Many of the resident's rooms had a picture board on display outside.

## Summary of findings

- We observed good care of the residents who are treated with sympathy, patience and respect.
- The staff appear to be empathetic towards the residents
- The staff appeared to be caring and we saw evidence of people who have been in post for some years and who appeared to be happy.
- The manager appears enthusiastic and is respected by her staff and operates an open-door policy which helps her to keep in touch with how the residents are cared for.

## Additional findings

We find that the home offers a very good supportive environment for their residents

## Recommendations

- We recommend that more staff are trained to be able to assist in medication rounds.
- We recommend that Sandwell and West Birmingham Hospitals NHS Trust discuss the managers concerns with her about her residents needs when they require hospital visits or admission.

## Service Provider response

1 - Recommendations - More staff were already being trained with medication at time of visit as I had already identified this.

2 - Yes, a buzzer was going off (fire door 6) As we were talking I glanced through the dining room window and saw a Service User in the garden, a staff member was with her persuading her to come back into the building. The situation was under control, I only sent the second carer as back up, but if you remember the carer that I sent was laying the tables in the dining room and she was actually watching the situation and if needed could have provided back up to the first carer. I feel the wording of the report sounds like the situation would not have been responded to as quickly if I was not there, when actually it was in hand. If the carer attending to the Service User could not persuade her to come back in or needed extra back up she would have pressed the next buzzer which is louder and faster, this indicates that back up is needed. All our staff are aware of the different responses needed.

3 - Staff - On checking my records it was actually 9 staff members that had left during the last twelve months, one left, came back, left. Another left after long term sick leave and another left after maternity leave. Sorry my original response was not accurate, but I tried to answer from memory on the day. That will teach me a lesson, in future always check records before answering.

## Results of Visit

### Residents

There was evidence of a system for residents to ask for help. We observed, while in the lounge and while talking to the manager that a buzzer went off with an indication that help was needed in a particular room. It appeared that no action was taken until the attention of the manager was brought to this when a carer was sent to investigate.

We observed very caring and patient interaction with residents who were gently encouraged to do things that were necessary even if they would rather have not done them. A resident was sitting keeping the door of the office open but had to move to allow it to be locked while antibiotics were given to another resident. This was done with exemplary patience.

### Staff

We observed staff wearing their ID badges and had hand gel dispensers on their belts, a team leader confirmed that the staff were instructed to wash their hands with soap and water before contact with residents and that they kept to this.

We said hello to two of the cleaners one of whom said she had been employed at Karam Court for 10 ½ years. In the staff bay, we saw a notice concerning an upcoming staff meeting.

The staff are all carers and not trained nurses.

There are currently 40 staff. The turnover is not excessively high. There have been six new staff last year. The manager, team leader and carer all felt that there were sufficient staff and that people could be called in when required.

The team leader has supervision sessions with the manager. She felt that the manager was approachable and has an open-door policy to staff and relatives. She felt that the manager was very 'hands on' but agreed that possibly she was more a 'super carer' than a boss.

The carer felt that the home was good overall and that all needs were served. The team leader that there was slow and steady improvement in standards at the home

## Staff Training

The manager reports that she is enthusiastic about staff training, doing quite a lot of this herself and also doing distance learning including Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act (MCA).

There is some National Vocational Qualification (NVQ) training available as well.

Training in the care of people suffering from dementia which includes people skills is given to all staff including domestics. The carer confirmed that a lot of training is given to all members of staff.

## Visitor and Relatives

Prior to our visit, questionnaires were sent to Karam Court for relatives, carers and family members to complete. Two completed questionnaires were returned to us. Both were positive and complimentary:

“Staff usually respond immediately to any queries”

“Anyone who stays in the home could not wish for better”

One resident felt that more seating and coffee tables in the lounges could be an improvement.

One relative was with a resident in the first-floor day room. This relative told us that she was visiting her mother who had been here since August and was happy with the care given. This relative was kept informed about the care delivered and that she could not fault the staff at all. A GP and an optician had both visited recently.

The home operates an open visiting policy

## Environment

We were welcomed by the manager in the lobby area which was clean and warm.

Karam Court has a modern, clean, bright and friendly atmosphere. Part of the building on the first floor has recently been redecorated by members of the Princes Trust facilitated by the local police.

During the visit, we noticed that two of the clocks were about an hour slow.

## Interaction between Residents and Staff

We observed staff supporting and talking with the residents.

The manager appreciates the desirability of having regular meetings with relatives however this has been impossible to arrange. Every six months she sends out questionnaires with very little response. Some relatives say they do not

respond because they have no problem She states that only between six and eight families appear to be concerned about their relatives and visit regularly.

## Assessments of Needs and Care Planning

On admission, a sixteen-point assessment is carried out by the manager with input from the family and staff. This is updated monthly. The care plan is kept in a locked cabinet to ensure confidentiality. There are also multi-disciplinary notes on every resident and daily notes made on every shift. The team leader stated there were four residents on fluid charts. The manager said that the residents are weighed monthly and more frequently where necessary although, when asked, a carer stated that this was done three monthly.

A jug of fluid is kept in the resident's room and there are also jugs of fluid in the main lounges.

## Concerns/Complaint Procedure

Any complaints are always resolved in-house with family members. All complaints are logged, although it was difficult to resolve written complaints made anonymously (although these are rare).

It was felt that complaints were due to a lack of understanding as it was felt that some family members initially had difficulty in accepting the symptoms of dementia.

The home receives on average one or two verbal complaints per month. The team leader felt there were some signs of a no blame culture and that there was a willingness to look at systemic problems. The carer reported that it was her role to pass on complaints and that she understood this. The lessons from complaints were cascaded down to staff and discussed at staff meetings.

Karam Court also receives compliments in the form of flowers and cards.

## Food

Karam Court does not operate protected mealtimes and relatives are encouraged to stay if they wish.

The home operates a 'show and tell' policy system in the residents choosing what food they like by showing them the options available. A plated up choice is shown to them to allow them to decide and the smell stimulates their appetite.



## Activities

Residents regularly visit St Albans Community Centre, based locally in Smethwick. St Albans also provide day trips for the residents who have visited, for example, Weston Super Mare, Cadbury World and West Midlands Safari Park.

Karam Court also has a resident activities coordinator who works 30 hrs week, who additionally arranges services such as hair dressing, exercises, chiropodist, singing and also arranges some day trips.

The home has its own 'pub' which has a bar, pool table and card games etc as it is felt that this helps residents socially and gives them comfort in reminding them of earlier times. Smoking is permitted in the pub and the team leader told us that the main users of the pub are the residents who smoke. Approval for this facility has been agreed by the home with West Midlands Fire Service. In the 'pub' we saw staff and resident engaged in a game of dominoes.

A team leader reported that the only regular activities were the hairdresser on Monday and Tuesday and an exercise group on Thursday. We observed the exercises being conducted and later the exercise leader leaving the home.

The team leader said that they go on trips outside of the home approx. every 4-6 weeks the most recent being when 18 residents attended a remembrance day event.

It was also confirmed that residents can have massages and nail care. Rarely they have longer trips

Quite a few residents do not want to go out as this upsets their routine .

There are two hairdressers available (one is also a trained barber) they both visit weekly.

## Health Needs and Medication

Residents have access to a private dentist, NHS/Private Chiropodist and Visioncall Opticians who visit the home.

Oldbury Health Centre - very, very good. The assigned GP is Dr Hussain who knows the residents well and visits the home when needed. Residents are encouraged to use this service although one of the residents is registered with another GP.

They do not use the nearby St Pauls Health Centre because the manager feels that it does not provide a good service, not visiting the residents when requested.

Carers accompany residents to hospital appointments. The manager usually ensures that the carer has good and up to date knowledge of the resident.

A community matron at the hospital acts as a link between the home and hospital - been in post for 2 yrs.

The manager is not happy with the experience of residents when they have to go to the hospital (mainly Sandwell) and has written to the hospital stating that her carers can only stay there for two hours. She has concerns about the time spent waiting for care there and stated that the carers were not insured to give care to their residents while within the hospital. She states that the hospital health care assistants do not help to lift her residents while they are there. She feels that some hospital staff do not have good knowledge of how to care for people with dementia.

The manager has a general policy that the home will not accept residents back from hospital after 7pm but finds it difficult to enforce this. On one occasion, recently a resident was returned to the home from hospital by patient transport at 1230 am.

The manager commented that residents when admitted to hospital tend to deteriorate during their admission which she ascribes to over medication to keep them under control.

The manager likes the concept of a 'dementia ward' to which all patients suffering from dementia are admitted.

Regular visits from the district nurses (we observed them leaving when we arrived).

The protocol is for medication rounds to be done with two members of staff who have received specific training. The team leader and the carer both reported that about once a week it is not possible to have two trained staff doing the medication round and a carer who has not received the extra training assists in the round.

Boots (the chemist) carry out regular inspections, checking the MARS charts, ordering replacement drugs.

Recently protocols have been drawn up for all drugs given on an 'as necessary' basis. The team leader was in the process of drawing up the chart for some skin ointment which had been recently prescribed in this way

## What is Enter and View

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. 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 service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a concern.