

Date of visits: 2<sup>nd</sup> November 2017  
& 7<sup>th</sup> December 2017

## **Enter and View Report: Hampton Care**

**Upper Sunbury Road, Hampton, Middlesex, TW12 2DW**

A private, purpose built, residential and nursing care home located in Hampton close to the River Thames. It has accommodation for 76 residents.

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## Introduction

Hampton Care is an adult residential and nursing home owned by Canford Healthcare, at Upper Sunbury Road, Hampton, Middlesex, TW12 2DW. The Manager, Laura Dowd, is registered with the Care Quality Commission (CQC) and responsible for the services provided. At the time of the visit the home was registered with the Care Quality Commission (CQC) as 'Nursing Care'. It provides services for people with physical disabilities, sensory impairments, dementia and treatment of disease, disorder or injury. The CQC described the service being provided as GOOD in their last inspection report of the 11<sup>th</sup> of May 2016.

The home can be contacted on: (020) 8481 7070

Website: [Hampton Care](#)

Healthwatch Richmond is a registered charity that acts as an independent voice for people in the London Borough of Richmond upon Thames. It helps to shape, challenge and improve local health and social care services. Healthwatch Richmond was set up by the Health & Social Care Act of 2012. The Act and its regulations granted Healthwatch powers to request information from health and social care providers and receive a response within 20 days, and to enter and view premises that provide health and or adult social care services.

The reports of Healthwatch Richmond's Enter & View visits can be found on our website: [www.healthwatchrichmond.co.uk](http://www.healthwatchrichmond.co.uk) or are available from the Healthwatch Richmond office, please contact us on: 020 8099 5335

## Rationale

In 2016 Healthwatch Richmond began a new programme of visits to residential homes. In selecting Hampton Care we analysed a range of data available to us from the CQC, the Local Authority and community sources, including if the home was due to have a CQC inspection or a Local Authority visit or whether these visits had occurred recently. This enabled Healthwatch Richmond to identify which homes to visit aside from those with which there are ongoing concerns.

Hampton Care was a home that Healthwatch Richmond had visited in April and May 2015 and since then there had been the recent change of ownership and a new manager. We were aware that the London Borough of Richmond had been in dialogue with the home over a number of concerns under the previous management, which had been resolved, and it was therefore deemed a good time to re-visit the home.

## The Visit

An announced visit was arranged with the care home Manager, to commence on the 2<sup>nd</sup> of November 2017. The visit was conducted by a team of 3 volunteers and two members of the Healthwatch Richmond staff between 11.00 am and 2.00 pm. We were unable to visit all of the home on this date due to infection control measures being in place and made a second visit on the 7<sup>th</sup> of December from 11.00 am to 1.30 pm.

A description of the visits is given within the methodology (Page 4) and was undertaken using Healthwatch Richmond's Residential Care Enter and View tool.

## Methodology

Enter and View representatives were authorised via Healthwatch Richmond's Appointment of Authorised Representatives for Enter & View Policy. This includes a written application, satisfactory references, an enhanced Disclosure and Barring Service (DBS) check, training in safeguarding adults and training in how to undertake Enter and View visits. The visit was planned in accordance with Healthwatch Richmond's Enter & View Policy and undertaken in the spirit of partnership and openness.

Healthwatch Richmond requested Hampton Care to provide the following information:

- Total numbers of staff and residents
- Management Structure
- Registration Details
- Any guidelines that Hampton Care had for visitors
- Any other information provided for residents and their families

Hampton Care supplied Healthwatch Richmond with all the information requested.

Healthwatch Richmond visited the Manager to discuss arrangements for the first visit and agreed a mutually suitable date. Posters and leaflets for the visit were supplied to the home to advertise both visits to residents, staff, families and friends.

All the background information available on Hampton Care was drawn together and made available to the team undertaking the visit. The team met prior to the visit to plan what areas of interest they would like to focus on. The aim was to gather the experiences of residents, their families and staff, to observe how Hampton Care met the needs of its residents and, if appropriate, to make recommendations about anything that may be improved.

The areas for focus were:

- Residents' views on life at Hampton Care
- The views of their families and friends
- Staff's views on working at Hampton Care
- Support for residents in the home
- New management arrangements at Hampton Care
- Staffing and staff training
- Activities for residents
- Catering

## Limitations

The report relates only to the specific visits by Healthwatch Richmond on the 2<sup>nd</sup> of November and the 7<sup>th</sup> of December 2017 and the report is not representative of all the service users, relatives and staff - only those who contributed within the restricted time available.

# Findings

## General

Hampton Care is a care home for up to 76 older people situated in Hampton, Middlesex. It provides residential accommodation, nursing and personal care for older people, all of whom require some form of nursing care, to differing degrees. On the day of our first visit (2<sup>nd</sup> of November) the first floor, which provides dementia care, was closed to visitors because of an outbreak of vomiting. That day there were 67 residents in total living in the home, 23 on the second floor which provides nursing and palliative care, 27 on the ground floor, which provides residential and nursing care and 17 on the dementia care floor. There were also 2 residents in hospital. There were 66 residents living in the home on the 7<sup>th</sup> of December. On our arrival for the 2<sup>nd</sup> of November Enter & View Visit we were welcomed in by the receptionist. The Manager was not available to be with us for very long that day but the Deputy Manager was very welcoming and helpful throughout our visit and gave us plenty of her time.

The atmosphere in the home was generally friendly and welcoming and residents and staff were happy to talk to the Healthwatch Richmond team, although staff did not have a lot of time to talk with us. We had conversations with a range of members of staff including the Deputy Manager, reception staff, 2 nursing staff, 12 health care assistants, the Head Chef, the Activities Manager, an external activities provider and the Area Manager. We spoke with 15 residents and 10 relatives.

At the visit on the 7<sup>th</sup> of December we were welcomed by the receptionist and the Manager and then introduced to the staff on the 1<sup>st</sup> floor which provides specialised dementia care. They were very welcoming and explained how the dementia care floor was run and managed. During this visit we had conversations with the Manager and Deputy Manager, 8 care staff, the Activities Manager, 7 residents and 2 relatives.

## Accommodation

The external decor of Hampton Care is in very good condition; the gardens are spacious, attractively laid out, and in very good order and the reception displays awards for the grounds from the Borough in Bloom Scheme. The interior was very clean but the corridors were rather clinical and worn-looking.

One toilet was in need of redecoration, the Sluice Room could do with attention and the floor in one shower room was still wet. Hampton Care has informed us that the home is currently undergoing refurbishment and that will include the toilets and bathrooms and new sluices will be fitted. The reception area has a visitors' toilet, a coffee machine and a water cooler for visitors and there was work being undertaken on the office area in the reception. The fixed hand cleanser dispenser in reception was empty at our first visit but had been refilled by our second visit. There were ample facilities for hand hygiene on the floors we visited.

The noticeboard in the reception area was in the porch area and therefore not visible for people waiting. It had information about the last CQC inspection, the home's complaints procedure and coming events, but it would benefit from being made more accessible and eye-catching. There is currently no suitable space in the main reception area to re-locate the board but there are further noticeboards just inside the main doors of the ground floor.

Other noticeboards in the home gave details of regular activities. One resident made the point that for people in a wheelchair the posters are 'out of their line of sight' and the home has now rectified this by allocating and lowering a noticeboard for wheelchair users. Posters advertising Healthwatch Richmond's visit were displayed through the home. The information on some of the noticeboards about who was the nurse in charge and the first aider were not all up to date.

The residents' rooms are large, airy and well-lit with ensuite facilities; most face to the south or west over the gardens, the remainder face over the car park at the back of the property. They were often highly personalised (photos, flowers, teddy bears, books etc.) and residents' names were clear on the door signs. There appeared to be an easy system for identifying Deprivation of Liberty Safeguarding (DOLS) and Do Not Resuscitate (DNR) for individual residents.

The main lounge on the ground floor was pleasantly furnished, well equipped and had an attached kitchen for residents and their families to use. It was unused during our visit and the television was on. It was arranged into different areas e.g. for games, a computer area and a library area and the Manager told us that she wanted to encourage residents and their families to use it more.

The lounge on the 2<sup>nd</sup> Floor was connected to an open kitchen area and this could be distracting for residents if staff were washing up or making tea. It was clean, and quite light, with comfortable-looking chairs and the TV was on quite loud. Newspapers in the lounge were a week old and other magazines laid out on the table were very out of date.

The hallways on the 2<sup>nd</sup> floors were clean, although a bin at a staff station was in need of emptying. Later during the visit the hallway was a bit more cluttered as washing bags and a specialised chair had been left out.

## Maintenance

There was no member of the maintenance team available to talk to during the visits. The Manager told us that it had been difficult to recruit to the Maintenance Manager post but they had now done so. In the interim Canford Healthcare were lending support and some pieces of work were being outsourced.

The relative of a resident raised a number of maintenance and housekeeping issues that had not been addressed, which we raised with the manager. She has informed us that these have now been addressed and the housekeeping vacancies they had, including a housekeeping manager, have been appointed to, enabling them to improve the standards. They have now introduced a daily checklist for the housekeeping staff to follow and they are now completing a monthly audit which had not been in place when they took over the home.

## Access

Entrance to the home is through automatic doors and the ground floor has a reception desk which is usually manned and has a 14 screen CCTV monitor. The doors were very sensitive to movement and this made the reception area draughty and cold. We were asked to sign the Visitors' Book. Access beyond the reception area was through keypad controlled doors.

A visitor informed us that they had had difficulty getting into the home and in locating the person she was visiting. Staff had been helpful and they had given her the access codes to

get in and find her way around. We were concerned that giving access codes to a visitor could compromise the home's safety and asked for clarification about how visitors get access into the home. The manager informed us that there should be reception staff during 'office hours' and outside this time staff should assist visitors but not without checking who the visitor is first. The home is going to look into introducing a fob entry system for the future.

## Management & Staffing

### Management

The new Manager started in September and had been actively in post for about 6 weeks on the day of our first visit. She is the registered Manager with the CQC and in contact with the local CQC Inspector. At our visit on the 7<sup>th</sup> of December the Manager informed us that she thought they were progressing well in making changes to the home but there was a lot to do. We were introduced to the Area Manager from Canford Healthcare who was positive about the development of the quality of the provision offered in the home and the Manager confirmed that Canford were very supportive.

The Deputy Manager gave us detailed information about the change of ownership to Canford Healthcare in April 17 and the development of the new management. She had worked at Hampton Care for 3 years, is a nurse by profession and had formerly been the clinical lead. She told us that transition from the old company had not always been easy but she was very positive about the new owners (Canford Healthcare) and the new Manager. In her opinion there was a lot of work to be done to improve the home but she was positive that this had started and we were given the impression that she and the new Manager were working well together. In her view the home was now better structured and safer and the staff were better supported than they had been. Amongst the new initiatives happening were: the introduction of new management and computer systems, including an improved staff rota system; a daily meeting for the senior team to assess the current needs of residents for staffing; and a daily nursing meeting.

### Staffing

The Deputy Manager told us that they are currently recruiting for new, permanent, staff with the aim of reducing the dependency on agency staff. To date the recruitment initiative has been successful and a number of staff who previously worked at the home have applied to come back. In addition to care staff they have also recruited a Training Lead (to start before Christmas), an Activities Manager, 2 Activities Co-ordinators and a new chef. They use a small local agency for temporary staff and try to use staff who have worked at the home before who they considered were good with the residents and this also helps with continuity of care. The Manager told us that the use of agency staff was reducing and that the staffing was stable. All staff had now had their Disclosure & Barring Service (DBS) checks completed.

During the day there is approximately a 1:4.5 ratio of nurses and care staff to residents and at night there is 1 nurse per floor plus 2 or 3 carers depending on residents' needs. Hampton Care informed us that this is considered to be a good standard of staffing.

Currently on the 2nd Floor, where there are higher nursing needs, there are 20 residents and there is 1 nurse and 2 carers at night. There is an 'on call' system for management in the evenings, at night and on weekends.

The manager informed us that there are other nurses in the home who can give support where needed and they have healthcare practitioners who are able to give medications and perform nursing tasks. The matron and general manager are nurses as well and can be consulted at any time should the staff on the floor require added support. To further support the busy times of day they are introducing a twilight shift between 6 and 11 pm to support evening medications, suppers and bed time.

Both the Deputy Manager and the Clinical Lead have supernumerary time for supervision and they also cover for one another. The Deputy Manager is responsible for the Deprivation of Liberty Safeguarding (DOLS) assessments.

## Care Management

A new care planning system, which is more time strict, is being introduced which involves the use of iPads and barcodes in residents' rooms and allows access for staff at different levels. On our first visit staff we spoke to seemed unaware that the current system would be changing. Paper care record notes were observed to be in a pile on the nursing station on the 2<sup>nd</sup> floor and no one was available to check whether the information from these was entered onto the system.

At our visit on the 7<sup>th</sup> of December we were informed that the new system had started to be implemented and the old system is being closed down. There was ongoing training for staff and 80% of them had received the training so far. Healthwatch Richmond has been informed that the new system will go live at the beginning of February. The Deputy Manager highlighted that the new system is easier to use, safer and more transparent and is better able to flag up important information to monitor residents more easily.

We were informed that care plans are updated on a monthly basis or more frequently if there is a change in the resident's condition and they link the updating to their 'Resident of the Day Scheme'. The care plans are reviewed twice a year with family and Local Authority or Clinical Commissioning Group input as appropriate. However, we were informed by one family that they had concerns that they had not been reviewed as frequently as they should have been. This includes going back to the days of the previous owners of the home. They had also found significant mistakes in the care plan of their relative.

Hampton Care told us that the family are not always involved in the care plan updates as some are not always able to do this monthly and they acknowledge that they need to improve on this. However, there are frequent requests from families to participate in care plan updates and they are always accommodated. There is now training for more of their staff to update the care plans as previously the task was falling to a minority. The new system of care planning has a residents' portal and when they are fully up and running with the new system relatives will be able to access the care plans anywhere via the internet.

The Deputy Manager told us that since Canford Healthcare had taken over Hampton Care there had been improvements to the residents' admission procedures to the home.

Not all staff on the 2nd Floor were observed to be routinely using the hand hygiene facilities and Healthwatch Richmond requested details of how they audit this. They informed us that there is a monthly infection control audit and hand hygiene is part of this.



A resident asked a member of the Healthwatch Richmond Team for her pain medication and at that time we were not able to find a nurse to respond to their concerns. A care worker thought she had already had them but there was no check to confirm this. We brought this incident up with the Manager and she informed us that all their nurses are trained and assessed in medicines management and they see every resident daily. During the medication round they check for pain and administer pain control as appropriate. Should a resident require pain relief between these times it must be administered by a nurse and normally a care assistant would be able to find a nurse relatively quickly as there is someone on each floor who can administer medication. If the nurse was on her break then she would expect the carer to call to another floor and request support from the nurse there. A member of staff should also be able to check on the medication chart as to whether the medicine had been given or not. Care staff have not been trained to administer pain medication; the nurse must be involved.

## Dementia Care

The care observed on the dementia floor was attentive and caring. There appeared to be sufficient staff on duty and interactions with the residents were observed to be positive. The staff appeared to be helpful and dedicated, they knew the residents and clearly liked working with them. Residents' needs appeared to be being met cheerfully, professionally and quickly.

We met residents and staff in the lounge, which was light, tidy and spacious but rather plainly furnished with armchairs, one communal table and some small tables. The TV was on but not too loud as to drown out conversation and we were shown some new puzzles they were evaluating to help with conversation. A kitchen area opens onto the lounge for refreshments. Staff told us that residents were encouraged to use the lounge and dining room, rather than stay in their rooms. Some residents were able to move around independently and did so, others required help and guidance. The corridor had nice pictures and posters on the walls, appropriate for people living with dementia. All the residents rooms are ensuite and of a good size and there were pictures of the residents with their name by their doors.

The lounge was well staffed during the Healthwatch Richmond visit. Consistently two or three staff were present and staff were observed to be friendly and generally gentle and warm towards the residents.

Sometimes staff on the dementia floor were observed to be a bit rushed and not always fully engaging with the residents, for example sitting with a resident and holding hands but not looking or speaking with them. There were potential gaps in awareness of behaviours associated with dementia and how to adapt communication accordingly, speaking more slowly, offering more reassurance, adapting their tone and volume of voice.

Hampton Care have told us that staff have received dementia awareness training and that this is going to be built on with further training on managing difficult behaviours. The home is currently undergoing a review from The Dementia Training Company which is looking at all aspects of their dementia provision. This has included consulting the staff, residents and relatives and a report with recommendations for Hampton Care is being prepared for feedback to the staff and management.

## Residents' & Relatives' Views

### Residents

The residents of Hampton Care were mainly in their 80s and 90s and all had some level of nursing care need. Most residents were in their own rooms and a few were participating in a ceramic painting class in the dining room. Those we met looked well cared for and some were very responsive to our visit and happy to talk and discuss their views on life at Hampton Care.

During the visit on the 2<sup>nd</sup> of November the views of residents on the care they received varied; a number of them were very positive about the home and the staff. One resident of over 2 years was positive about their time there and told us that they were happy with the food and that "people are kind to me".

However, a number of residents and relatives said the home "seems to be short staffed" and that "there had been a huge turnover of staff". One resident who had been there a long time said it was "alright" though they preferred it as it was before the recent changes. Another resident commented that staff did not seem to know what to do with regard to the lifting and handling of residents.

Other comments from residents included:

- 'Overall very good, welcoming and comfortable' - resident of 4-5 years
- They 'enjoyed the home and the carers were very good' - 2 residents, 1-2 years at the home
- They said that staff were "very nice."
- The majority of staff are "really helpful."
- "The management is good."
- "The staff are good."
- "I feel safe here."
- "The home was reasonably good"

The dementia care floor residents generally looked well cared for and seemed content. Some were sitting in the lounge and others either in their rooms or moving around. Some commented that the staff were very good, they liked the people at the home and thought they were nice and that the food was good. Other residents were frustrated by their condition. We were also informed that the Community Mental Health Team (CMHT) gave regular input to individuals who had additional mental health needs. The staff were positive about the support they received from the CMHT.

### Relatives

The views of relatives were more mixed. One relative, who came very frequently, was generally satisfied with the staff. When he/she had had issues about a member of staff the new Manager had been pro-active in sorting this out. Another relative told us that the care had been "spot on"; their sibling had been really happy with their time there, much calmer, more relaxed. Another relative, who was with a very poorly resident who needed a lot of care, told us how well they were being looked after. A further relative said staff were mainly very good but there were not always enough staff and they had been unable to shower as his wife needed two people to move her as the shower in the room was unsuitable.

However, one relative expressed dissatisfaction with the way things currently were but put some of this down to the changes that were taking place. A member of the Healthwatch Richmond team observed a relative who was unhappy about their family member not wearing the right clothes and having no bib to wear for eating their meal.

Another resident told us that they had “concerns that one carer was not good with a relative who has dementia” and that this member of staff did not “seem to know how to care for someone with dementia”, but they said “everyone else is very helpful”.

Amongst the other comments from relatives were:

- “The nursing staff were prompt to recognise and act on signs of deterioration, ensuring that a resident was transferred to hospital for acute care”
- “We feel our mother is safe here”
- “There is an openness, which is good. We were called about a fall our relative had.”
- “I am concerned that there are not enough staff in here”
- We “do not always get help to be able to use walking equipment”
- “Staff are very responsive”
- “The staff were marvellous”

During the visit on the 7<sup>th</sup> of December some relatives told us that the care staff on the dementia floor were nice and try hard. They particularly praised the permanent staff, whom they described as “lovely” but they also said they needed more time to help and support the residents. They thought that there was a shortage of housekeeping staff which impacted on the care workers fulfilling their role and they felt the management was not supportive enough of the care staff.

Hampton Care has since informed us that they have recruited more housekeeping staff and reviewed their contracts to ensure better cover of the home for a larger amount of the day. Further staff are to be recruited and daily checklists for housekeeping staff to follow have been introduced to ensure a higher standard and consistency. This will also enable better monitoring and auditing of the cleanliness of the home.

## Complaints and Compliments

The Manager confirmed that there was a Complaints Procedure and a Complaints Policy. This was not on display (bar in the entrance lobby). Healthwatch Richmond recommended they improve this and the Manager has agreed to put posters in reception and along corridors on the noticeboards. The home is working on a residents’ pack/handbook for each room and the Complaints Procedure and Policy will be included. The pack will take a couple of months to complete.

Compliments are shared with staff and there is a folder for compliments being built up which we were shown.

## Staff’s Views

During the visit of the 2<sup>nd</sup> of November we were able to speak to the Manager (briefly). The Deputy Manager, nursing and health care staff were present as were the chef, kitchen and

domestic staff. On the 7<sup>th</sup> of December visit we had a more detailed conversation with the Manager and again spoke with the Deputy Manager, care staff and housekeeping staff. The Manager told us that some of the staff had been at Hampton Care for quite a long time and this was confirmed by the staff we spoke to.

A healthcare assistant, who had worked at Hampton Care for 5 years, was very positive about working there and she was observed to be very interactive with residents and displayed a caring manner. An agency staff member told us that they were pleased to be working there and always tried to be allocated to Hampton Care. Another agency staff member was positive about the support he was receiving from the nurses in helping to look after residents requiring specialised care and he told Healthwatch Richmond that the team was “friendly”.

The staff on the dementia care floor were mainly positive about working at the home. One spoke to us about how she was keen to support people with dementia and the importance of emotional and non-verbal communication with these residents. Another member of staff said that the staffing levels were generally good and that the management were trying to retain their current staff. She also told us she felt confident raising any questions or concerns with her Manager. The use of some form of technology to improve communication for staff who needed urgent help e.g. intercom or walkie-talkies, was suggested by a member of staff.

Healthwatch Richmond visitors observed that name badges were not consistently worn by staff and if they did have them on, they were sometimes hard to read or covered over by aprons. The home has informed us that Canford Healthcare are rebranding and new style badges have been ordered and will be issued shortly.

## Staff Training

Healthwatch Richmond were told by the Deputy Manager that a senior staff member has now been appointed to look after the mandatory training and a training matrix has been set up to record what training staff have received and when they next need to undertake training. She was of the view that there was much more training and mandatory training available than before. The Deputy Manager said she was still undergoing training for her role and she told us that staff handbooks were being created would be ready in the New Year.

All staff receive the mandatory training and from now on care staff will also be on a NVQ care course. Further training needs for staff are being identified. To date there has been training on Dementia Awareness and this is going to be developed to cover working with people who have challenging behaviour. Two care staff confirmed that they had received the dementia training and told us they were taking NVQ qualifications and said they were able to ask for specific professional development.

A new member of the nursing staff explained that she had been through her induction training with Canford Healthcare and she considered the training provision good. A healthcare assistant approached us to tell us how much she enjoyed working at Hampton Care and that she was completing her training for a NVQ in Care. Another care assistant told us that she had received a lot of training and was doing her NVQ and felt she was progressing in her career. She told us she was very committed to working with older people.

Staff confirmed to us that they had monthly staff meetings where issues were discussed, new practices were implemented and some training took place.

## Residents, Relatives and Staff Interactions

Staff were generally observed to engage well with the residents. Healthwatch Richmond observed a good atmosphere on the ground floor, with staff interacting positively with residents in the dining area and along the hallway.

On the 2<sup>nd</sup> floor staff were welcoming and the residents' comments about staff generally indicated a positive relationship. A member of staff was observed to be gentle and friendly with the residents she was looking after. However some staff appeared to be getting a little irritable with each other. On this floor the residents were mainly room-bound and whilst generally seeming to be content we did not observe staff going into their rooms to check on them or for a chat. They could be at risk of isolation and this was backed up by one resident who told us that the staff were friendly but they never come in to chat and she felt 'sheer loneliness'. She also said there can be some language difficulties with staff. However, a wheel-chair bound resident was observed to be sitting in front of the TV in the lounge and a staff member was with her some of the time.

For residents who are bed-bound Hampton Care have said that they are now liaising with volunteers to come in and sit and talk with them and the activities team are also providing one to one visits. They hope these issues will be further addressed by their up and coming Dementia Training which will have a focus on staff spending quality time with residents.

## Resident Involvement and Satisfaction

The Deputy Manager informed us that there had been two Residents' and Relatives' meetings under the new management and they thought they had been positive so far. The last one in November was well attended. It is their intention to hold them about every 2 or 3 months. At the last meeting they gave feedback to relatives on the results of their care survey.

One relative informed us that communication was poor and the Manager needed to speak to the relatives more and keep them informed as to what is going on. This comment also applied to the previous company that was running Hampton Care.

## Activities

The Activities Manager had worked at Hampton Care in the past, under the previous management. She has returned quite recently and told us that she is delighted to work there again; she "loved" her job there. Currently she has a small budget but is able to overspend for the time being in order to build up the range of activities and was "always looking for new ideas". In her view the current resources were 'sparse' and it would probably take a few months to re-build them. Several companies were running activities for the home which she believed were professional and varied and she hoped to develop more in-house activities along with the two newly recruited Activities Coordinators. This may include talking and collecting memories from residents and then recording these and providing individual booklets and/or displays. She was keen to develop further links with the local primary school and develop more interaction with young people. She had arranged for them to come and sing for the residents. There were problems getting residents to attend outside activities as so few of the residents were mobile.

During the Healthwatch Richmond visit the residents were painting ceramics which would later be taken away to be glazed and fired and then put on display. This was a weekly activity run by an outside company, aided by an Activities Co-ordinator. The residents taking

part seemed to be enjoying painting and both of the activity leaders were jovial, talking and engaging with the residents and providing support throughout the session. Other activities that were featured on the notice-boards included: Busy Lizzie Craft Sessions, Music & Movement, Manicures and a Clothing Party.

The residents we spoke to said they enjoyed this class and the other classes as well, particularly the exercise ones and Tai Chi, which they thought very important. Residents told us that the current activities were very good as were the people who ran them. They were well organised and inclusive. We were also told by some residents that they "can go outside if there is a carer or family to go with you."

A relative told us that their parent had not made any friends and did not really participate in activities; that some of the residents on the 2nd Floor appeared to be unsure when activities were taking place and felt they could be better informed. There was also some concern expressed by relatives that some of the activities may be stopping and there would therefore not be enough to do for people who needed the stimulation of a group setting. The painting classes were described as "wonderful".

Among the more negative comments Healthwatch Richmond heard were:

- "The activities are mainly for men."
- "I never know when things are on."
- "There are no activities in the garden."
- "Not sure when activities happen."
- "Not asked to join in activities."
- "The garden does not seem to be used A carer says they will take you down if they have the time, but they do not have the time."
- "In a wheelchair some of the posters on activities are out of my line of sight."
- "We need a library or at least a room that has books."
- "It would be good if we could have musicians come in to play for us."

Hampton Care has informed us that they now have a full activities team and new activities are being developed. The range of activities should now be more comprehensive and they focus around music, arts and crafts. A survey of residents' wishes has been used to help develop these so that they will appeal to a wide range of residents. Timetables are now delivered to residents rooms weekly. This is a change from what had previously been provided. The home informed us that they could not continue with the high cost of using external providers as it limited the amount of activities they could put on.

In response to comments about the use of the garden Hampton Care told us that whilst it is not being used much now in the winter, residents are free to go outside and staff do accompany residents who are unable to go out alone. They also said that they always introduce new residents to other residents unless they specifically request not to be introduced.

## Mealtimes & Catering

Meals are served in the dining rooms on each floor or in residents' rooms, as they prefer. Food is prepared in the kitchens in the basement and brought upstairs, by lift, for serving up in each dining room. The Head Chef showed us around the kitchens and explained how they organise the catering. As far as possible the food is prepared from scratch and the chef

explained how they try and make the food as nutritious and attractive as possible. She had been in post for a couple of months and informed us that she was in the process of changing the menus, partly moving from summer to winter dishes and also to make them more appealing to the residents' taste. There is a demand for more traditional British food. Her plan is to try and talk to residents more about their preferences and incorporate this into the menus.

There were options daily for residents who did not like what was on the main menu or who could not eat certain foods. The chef informed us that if a resident does not eat a meal she follows this up to find out why so this can be taken into account in future menu planning. A number of residents told us that they would like a paper copy of the menus they have chosen as a reminder for themselves.

On the ground floor 13 residents were having lunch, a leisurely meal from 12.15 pm and up to 6 members of staff were helping those who required assistance. The food looked appetising. One of the main courses was hot, but the other one was not quite warm enough. Conversations were taking place during the meal and residents were interacting well with the staff. The dining room had been used for activities in the morning (ceramics painting), but the tablecloths were not changed for lunch and the tables laid in a basic way and looked somewhat boring.

The dining room on the second floor looked quite basic and dull and the food trolleys were in the dining room whilst residents were eating. This meant that staff were continually walking in and out with trays of food to take to residents in their rooms which gave it a 'canteen feel'.

Comments from residents about the food were varied and included:

- 'Food in general very good'
- 'Food alright, it was better and the new chef is starting to improve the food'
- "The food is good."
- "There is a choice."
- "The food is Ok - it varies."
- "Some of the food is good."
- "The food is not always to our liking."
- "Some days it is looking up, other days not good."
- "I prefer good old fashioned English food."
- "I asked for rice pudding and got it the next day, but have not had it since."
- "The food could be improved."
- "There are some good cooks here."
- "The food isn't very good, it is too different"

A relative also told us that their parent did not like the food and that it was hard to entice them to eat.

Hampton Care have informed us that the chef has now reviewed all the menus and that they welcome feedback from residents about the food. The chef is happy to adjust dishes on an individual basis and they gave examples of this in action and the management regularly taste the food.



The dining room on the dementia care floor was pleasantly laid out and there appeared to be plenty of staff to help residents with eating if required although we did notice that one resident had to wait a long time for their food. However we were told mealtimes can sometimes be a very poor experience in this dining room as residents are often “distressed” during mealtimes.

Hampton Care acknowledged that the dining experience needed to improve and they informed us that they were working with the Dementia Training Company on this. They informed us that if a resident does become distressed they are taken to a quiet place and they can return when they feel calmer. There is also the option of eating in their rooms on all floors if they feel they do not want to be in the dining room. The recruitment of more hospitality staff should also help to improve the attractiveness and ambience of the dining rooms and they are hoping that the planned redecoration of the home will include the dining rooms.

## Continuity of Care

### Primary Care

GP care is provided by Hampton Medical Centre, mainly by Drs Lewis & Crocker This practice had previously provided care to the residents and since Canford Healthcare took over the home they have agreed more detail on the service to be provided. Visits are weekly and at other times on request. The home was generally positive about the care they received from the practice.

### Community Health Services

Relationships with the Community Health Service providers, primarily Hounslow & Richmond Community Healthcare (HRCH), were described as good and they told us that they were very helpful, both at visiting and in providing advice on the phone. HRCH provide the Single Point of Access Service which includes: a tissue viability nurse, a respiratory nurse and a diabetes nurse. A chiropodist visits every 4 weeks.

The Wheelchair Service (St George’s Hospital Community Services) had not yet delivered a specialised wheelchair to a resident. This was being followed up by the home and by the physiotherapist and the delay seemed unacceptable.

### Continuing Health Care

Healthwatch Richmond were made aware of two cases where continuing healthcare assessments had led to delays in residents being assessed for and receiving specialist equipment.

Healthwatch Richmond will follow up the reasons for these delays with the relevant Clinical Commissioning Group and the Wheelchair Service.

### Hospital Visits, Admissions & Discharges

Hampton Care participate in the Red Bag Scheme for admissions to hospital. This is a scheme being rolled out locally to improve the exchange of resident information between the homes and the hospitals. They normally find this helpful although in an emergency situation there is



not always time to fill in the forms. If a resident is in hospital for more than a few days then the Deputy Manager will visit them and assess them before discharge.

## Fire Safety

Concerns had been raised with Healthwatch Richmond about fire drills in the home and when they take place. We were told that in one instance a member of staff did not make it clear to the resident and the family visitor whether the alarm which sounded was a fire drill or not. They were concerned that no clear instructions had been given to them and that they had been left alone. A member of staff who spoke to one of the Healthwatch Richmond Team about fire safety had very limited understanding of the fire policy and procedures.

The Manager explained the fire safety procedures to us in detail. Fire drills are held on random days and at random times. The alarm automatically releases magnetic catches on doors and windows which causes each floor to become several compartments with 30 minutes of protection. Residents are encouraged to stay put unless in an affected area, when staff will escort them to a safer compartment. Should anyone on upper floors need genuine evacuation, staff will not wait for the Fire Brigade but will escort, or if need be, use, in pairs, purpose-provided sheets to get residents to safety.

We were informed that staff are given fire training as part of their induction and this is recorded in their files and the training is update yearly. Hampton Care were aware that staff responses to fire drill had not always been satisfactory and they have now have weekly drills for a period of 2 months so that staff are now familiar with the correct process.

## Conclusions

### Good Practice

During the visits of the 2<sup>nd</sup> of November and the 7<sup>th</sup> of December to Hampton Care Healthwatch Richmond observed that the home was well-run and was putting in place good systems to care for their residents to a high standard. The home had a welcoming atmosphere and we saw evidence of good relationships and good communication between management, residents and staff. Hampton Care is in a period of transition and the new owners and management showed good awareness of the changes that need to be made to the running of the home and have made good progress in starting to implement these changes.

### Outcomes

Healthwatch Richmond would welcome feedback from Hampton Care on the following issues in six months' time from the publication of this report:

1. How well the new care planning system is running and the effect on the involvement of residents (and their relatives, where appropriate) in their care plans.
2. The effect of their recruitment initiatives on staffing levels and stability of staffing and the impact of their introduction of a twilight shift to help with busy periods.
3. The progress with recruiting more housekeeping staff and the impact of this initiative in the dining rooms and in the cleaning of the home.
4. The progress with the review of their dementia care provision. How has this helped to improve staff's skills working with residents who have dementia and or challenging behaviours?
5. The success of the new schedule of activities being introduced for residents by the in-house team. What has the uptake been like by residents and what feedback have they had from residents and relatives about the new activities?
6. The impact of their initiatives for residents who are room-bound and how successful has their recruitment of volunteers to help with this been? How is this being assessed and what has been the feedback from residents and relatives.
7. The progress on reviewing the menus and adjusting them to suit residents' needs.
8. The effect of having more hospitality staff in the dining rooms.
9. The effect of the extra fire training on staff's implementation of the fire drills.

Healthwatch Richmond will:

1. Try and find out more about the reasons for the delays in continuing healthcare assessments with Richmond Clinical Commissioning Group.
2. Follow up the delay in the provision of a specialised wheelchair if this situation has not been resolved.