

Enter and View Report June 2014 – Visit to Redclyffe Residential Home

About the home

Address: 6 - 8 Aldrington Road, London, SW16 1TH

Management: Redclyffe is the last remaining home run by Richard Cusden Homes, a local Wandsworth charity, and is overseen by a Board of 4 Trustees. Negotiations are underway for the provider to merge with a well-known not-for-profit provider and on the day of our visit, surveyors acting on behalf of this provider were at work in the home.

Residents: Up to 22 residents on 3 floors. One room is currently closed while a ground floor extension is being built. There are currently 3 other vacancies.

Description/layout: 22 rooms on three floors, 16 en suite, the remainder served by 2 bathrooms per floor. There is an L-shaped lounge on the ground floor and a separate L-shaped dining room which is adjacent to both lounge and kitchen. There is a smaller "quiet" room with a radio. We saw three of the residents' rooms which seemed unusually large and well-appointed.

Meal arrangements: Early morning tea (06.30), light breakfast (08.30), main meal at lunchtime (12.30) and light meal (soup/sandwich) in evening (17.30). There was also mid morning and afternoon tea or coffee, including a hot snack, and Ovaltine before bedtime. Most food is cooked on the premises and choice for all courses is provided on the previous day but not rigidly adhered to if residents change their minds. Meals can be eaten in residents' own rooms if desired or necessary (one resident is bedbound).

Activities: A professional activities co-ordinator comes in 3 times per week and leads the residents in a wide variety of activities, details of which are posted on a notice board in the lounge. Quizzes are particularly popular. The example of this activities co-ordinator is followed by the staff, who undertakes some of the activities when the co-ordinator is not present.

Quality of care – information collected by the home

The home undertook a Quality Assurance Monitoring exercise in October and November 2013. 9 residents, 8 relatives and 3 visiting professionals responded to separate questionnaires. The areas surveyed and results are listed below:

Percentage of **residents** satisfied or very satisfied:

Room comfortable and well arranged	100%
Home kept clean	100%
Staff helpful and approachable	100%
Know how to make a complaint	92%
Home comfortable	92%
Feel safe in home	92%
Able to see visitors in private	92%
Choice and autonomy in 3 key areas of daily life:	
• Choice of food at meal times	92%
• Able to choose when they get up and go to bed	83%
• Able to choose what clothes they put on	83%
Frequency of entertainments and activities	83%

Percentage of **relatives** satisfied or very satisfied:

Felt welcome when visiting home	100%
Able to take resident out at will	88%
Aware of activities and entertainments going on in the home	88%
Know how to make a complaint	88%
Aware of Care Plan reviews and invited to attend them	50%
Aware of inspection reports on home	50%

Percentage of **visiting professionals** satisfied or very satisfied:

Received courteously at home	100%
Received adequate assistance and support on their visits	100%
Care Plan reviews - adequate notice, professionally conducted, consideration given to residents' views and records kept (only one respondent involved)	100%
Cleanliness of home	100%
Residents receive appropriate level of assistance and support in tasks of daily living	100%

Residents treated with kindness and dignity by staff	100%
Residents well nourished and generally well cared for	100%

The responses from relatives and visiting professionals were accompanied by a number of freehand complimentary remarks. One, an NVQ assessor who regularly visits care homes, found "Redclyffe to be the best care home I have visited".

Other views of the quality of care at the home

Care Quality Commission (CQC):

Redclyffe received an unannounced CQC inspection in May 2013. All 5 key standards were found to have been met.

A further unannounced inspection was carried out in May 2014 and two outcomes were found to be met:

- Service is well led
- Service is caring

In three other outcome areas, the home is required to take remedial action:

- Effectiveness

Daily personal care record sheets were not up to date and did not always reflect what was in the care plan. Advice given by health professionals such as the dietician was not always being followed.

- Safety

There were no records of cleaning audits, infection control training and there was not a system in place to identify and offer staff immunisations required for those caring for people.

- Responsiveness

People's needs had not been fully assessed. Some people told us they had not seen their care plan but they told us they were happy with their care. Records showed that care plans were being reviewed monthly by staff but people and their relatives were not included.

CQC has required Redclyffe to produce an action plan to address these issues by 4th July 2014.

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About our visit

Four members of the Healthwatch Wandsworth Enter and View Team visited the home on 14th May 2014. This was a planned visit and two members of the Team had met with Yvonne Wallace, the home's manager two weeks earlier.

The visit involved interviewing residents and relatives/friends and two periods of observation: mid-morning and lunchtime.

Interviews were informal in style and tailored to the residents' capacity to respond. Some residents with cognitive impairment were not able to give accurate responses about their daily lives. However a flavour of how they felt about the home was obtained both from conversation and observation. In all 6 residents – a third of those living there – and 3 relatives were spoken to.

Findings from our visits focusing on the quality of individual care and the responsiveness of services to individual residents' needs

Personal Care:

+ve:

Nearly all residents were positive about the personal care they received.

Care was felt to be given proportionate to need, preference and level of independence.

There was evident regular access to GP, nursing, hospital care, hairdressing and manicure services.

Residents were aware of being checked on regularly including at night.

Some residents made specific positive reference to their key worker.

-ve:

Whilst the reality of care was very good, an examination of one personal folder identified blanks on some key issues such as social and personal history and end of life care.

Food and drink:

+ve:

Residents with specific dietary needs were catered for consistently well and there was evident monitoring of weight and food intake – appreciated by relatives, but not always by the residents themselves.

Residents liked the food on the whole with some small niggles. They chose what they ate the day before and some referred to monthly meetings with staff to discuss the running of the home including menus.

Our observation of lunchtime was that there were plenty of staff to help those residents who needed it. The mood was calm with residents eating quietly.

Residents sat in the same places and each had a tablemat with their photograph on it.

-ve:

The home seemed to be getting it right but one resident thought that the food was not as good as it used to be.

Activities:

+ve:

There was a full programme of activities led by a dedicated Activity Coordinator three times a week.

Our observation of a sing a long showed how popular it was, with 14 residents present and fully engaged. The arrival of the Coordinator had been anticipated with some excitement.

Many residents were able to pursue their own individual interests and were supported to do so: one resident went out every week, another used the quiet lounge to watch television and another went to church on Sunday. A librarian visited the home.

Residents went into the garden whenever they wanted to.

-ve

The interests of one deaf resident – in photography - had not apparently been picked up or supported by staff.

Staff attitudes:

+ve:

There was near universal praise for and appreciation of the way that staff responded to resident's needs - with good humour and kindness.

Residents said they were treated with respect and did not feel embarrassed at all with how staff cared for them.

The flexibility and informality of staff (no uniforms or badges) was welcomed. Being able to come and go and go to bed when they liked were mentioned by residents.

One resident appreciated that she was given clean clothes every day by a dedicated care worker.

-ve:

One deaf resident gave conflicting feedback: she was very happy in the home and appreciated the help of her keyworker but thought that staff gave her limited help to be able to participate in activities and did not always use her preferred means of communication.

Views of relatives

+ve:

The three relatives we spoke to were overwhelmingly positive about the care being provided at the home and the relationship they had with the manager and staff.

"My sister would not be alive but for the care that she gets here"

"Father used to wander even more and be restless. He likes to walk. This is managed fantastically by staff who are around at night to talk to him"

"I cannot fault it – it is brilliant here. I am able to sleep with no anxieties knowing that she is in good hands"

"Redclyffe is a very friendly and personable home. I am able to chat to management on an equal basis"

Relatives had often looked at other homes and concluded that Redclyffe is the best one they had come across.

Our conclusions

Our interviews and observations gave us a very positive impression of this home. It has a stable and dedicated manager and staff group and this results in very good care being provided. The culture of the home is as most people would want it – friendly, informal, flexible and caring but also professional and efficient when necessary. We could find little to comment on that needs obvious improvement but did pick up a theme that we have found elsewhere – the need to look at every individual’s preference and potential for keeping themselves busy. This was being achieved for the majority residents but not for all, particularly two residents who had severe sensory as well as mobility impairments. We believe that the actual delivery of care is the most important outcome but do see that gaps in back up paperwork can be of relevance in ensuring that high standards are sustained.

Our recommendations

To keep up and maintain the standard of care at Redclyffe going forward as it expands and comes into different ownership, we recommend that:

1. The systems and approaches to care as valued by residents and relatives are logged and celebrated. (We would include the no uniform policy, the practice of regular discussions with residents on how the home is managed, the flexibility offered regarding to what residents do and when, the positive attitude to relatives’ visits)
2. A new effort is made to check with residents that each of their preferences and potential for how they spend their time is carried out, recorded and discussed with staff. Supporting residents with sensory impairment to follow their interests should be given particular attention. This might include more information being displayed in the home, rather than in the office. Some other homes personalise each resident’s rooms for this purpose.
3. The home investigates best practice for keeping residents’ records that prioritises important information and makes it as easy as possible for staff to update and access – using new technology?