



healthwatch
Wiltshire

Enter and View Report

Visit Date	Wednesday 16 November 2016
Authorised Representatives	Mary Rennie, Lead Authorised Representative Sarah Davies, Authorised Representative Robert Jefferson, Authorised Representative Dan Mace, Authorised Representative Marilyn Stowe, Authorised Representative Michael Stowe, Authorised Representative
Service Visited	Camelot Care Home, Amesbury
About the Service	Camelot Care Homes Ltd is owned by Xcel Care Homes and situated in the centre of Amesbury. It provides accommodation with nursing and personal care for up to fifty-seven older people, some of whom have dementia. Care can be provided on a long term or intermediate basis. The latter helps to prevent hospital admission, or to give residents the opportunity of regaining their independence after leaving hospital but before returning home. A multi-disciplinary team comprising a physiotherapist, rehabilitation assistant and occupational therapist is based at the home to provide support with recovery.
Disclaimer	This report relates to this specific visit to the service, at a particular point in time, and is not representative of all service user experience, only those who contributed. This report is written by the Lead Enter and View 'Authorised Representative' who carried out the visit on behalf of Healthwatch Wiltshire.

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Key findings and recommendations:

The team's overall impression was that the Registered Manager's aim was to create and maintain an environment where people were well cared for in all respects. She was prepared to take on individuals with complex needs and was honest about the problems she faced. She clearly worked hard to obtain and retain staff and said she was only prepared to take staff who had a good command of English and could demonstrate that they were committed to providing this type of care. She said the main challenge her staff faced was dealing with "the totality of a person as a human being" – "changing someone's clothes was easier than understanding their emotions".

The residents looked alert, happy and well groomed. Those interviewed reported feeling safe and well cared for. No major issues were raised, either by the residents or their families.

Healthwatch Wiltshire's unannounced visit was made on a busy Wednesday afternoon – the weekly tea party was taking place in the main lounge, with an entertainer. Residents were joining in enthusiastically with sing songs and dancing. Staff were interacting with them in a friendly and attentive manner.

Recommendations:

For Camelot Care Home

- Recruitment – to address the problem of staff recruitment outlined by the Registered Manager, advertising via Facebook might be an option. The Registered Manager said she would think about this.
- Relationships with the local community – to foster these, the Registered Manager should continue her efforts to establish a Friends group.
- Dementia Friendly adaptations – a large face clock and calendar could be displayed in all communal areas, and toilet and bathrooms doors identified by picture signage. This would help residents with dementia.
- The main entrance and bell to Camelot from the car park should be clearly labelled to help visitors.
- *Your Care Your Support Wiltshire* website – the Registered Manager should promote the use of this information and signposting resource to her staff and family members - leaflets were left with the Senior Nurse.

For Healthwatch Wiltshire

- Non-Emergency Patient Transport (NEPTS) - problems continue with the NEPTS service, both from Salisbury hospital and to out-patient appointments. Healthwatch Wiltshire will continue to log all concerns about the services, monitor and raise with the Commissioner.

- Access to NHS Dentists – residents who cannot afford private dental treatment are unable to access services, which may have an adverse effect on their general health, nutrition, speech and dignity. This may well be a national concern, not only for care home residents, but also other house bound people. Healthwatch Wiltshire should raise this with commissioners of local services as well as Healthwatch England.
- Planning of Future Visits – Healthwatch Wiltshire should allocate more time for the initial meeting with a Registered Manager – 15 minutes is not sufficient. On this visit, we did not have an opportunity to talk to members of the care staff in any depth.

Purpose of Visit and how it was conducted:

This unannounced Enter and View visit was conducted as part of Healthwatch Wiltshire’s Quality Monitoring work programme. Healthwatch Wiltshire plays an important role in scrutinising services and enabling local people to monitor the quality of service provision. It does this by talking to people who are using these services.

Information was collected from observations of residents in their day to day situations, including lunch, and interviews with the Registered Manager, her staff, residents and visiting relatives against a series of agreed questions; reference to the latest CQC report (29 June 2016) and a final team discussion to review and collate findings. The team spoke to the Registered Manager, Senior Nurse, three members of the support staff, six residents and two relatives.

Visit Overview

At the time of the visit, fifty-five people were resident in the home. Twenty of these residents were staying for short periods of 'intermediate care', the remainder were in long term care.

As the visit was unannounced, the Healthwatch Wiltshire team was not expected. The external door from the car park was locked but the bell was answered promptly by a member of staff who welcomed the team in while the Registered Manager was found. She seemed unperturbed by the team’s arrival, and showed them to a small lounge. She was welcoming, offered refreshments and gave a full briefing on the home, answering questions freely and volunteering supplementary information. She said that she appreciated people coming in to Camelot, and looking at it with fresh eyes. She willingly offered a list of residents to talk to, and placed no restrictions on access.

The team split into pairs to conduct interviews with residents, relatives and staff. They then met together, with the Registered Manager, to review the visit and discuss their impressions of the service.

Observations and findings

Physical Environment:

Camelot Care Home consists of two separate buildings, Comilla and Countess, connected by an accessible, paved, well maintained garden area with seating and raised flower beds. Car parking at the Countess site entrance is limited and the main entrance not obvious. A busy main road, the A345, runs alongside the building but traffic noise does not appear to be an issue for residents.

Both buildings were well decorated and well maintained, with lifts to the first floors. Comilla is the more modern and spacious, with a light and airy reception area, and en-suite bedrooms. There were no unpleasant odours, and many small windows were open for fresh air. Corridors were uncluttered, although some were narrow. The bedrooms were clean and tidy, and equipped with television, chair and table and storage space. One resident had his drawers labelled with their contents. Long term residents had their own pictures on the wall, and personal ornaments. The toilets and bathrooms observed, both communal and en-suite, were clean and well equipped. They were well signed, but did not have pictures on the doors, nor were doors painted in distinctive colours, which would aid people with dementia.

The team observed that many bedrooms were empty, as most residents appeared to be involved in the afternoon's activities, with obvious enjoyment. Staff were taking the opportunity of cleaning empty rooms.

Notice boards were well used, although notices were posted rather randomly and were mainly "wordy". Information was provided for staff on training available (End of Life Care Training, Whistle Blowing, the Duty of Candour, and Safeguarding). There was also a notice about the use of personal mobile devices during working hours. Healthwatch Wiltshire's planned but unannounced visit was advertised on a board near one entrance, but it was not likely to have been seen by many residents.

What residents said:

Of the six residents spoken to in depth (some long term and some intermediate care), all said they were happy with their care and felt safe at Camelot. They were complimentary about the staff: one resident described them as friendly and said they were attentive to his needs. All were positive about the food – one person said it was excellent, there was always a choice and it was always hot. Another said he could have drinks and snacks outside meal times. Most residents felt they had choices about how they spent their day, what time they had their meals, and whether they had baths or showers.

One long term resident said they did not join in with the activities, but that was their choice and they were not pressured in any way to do so. Staff respected their privacy. If

they wanted to go out, they felt more comfortable if a member of staff accompanied them (and arrangements were made for this).

A few adverse comments were made: one resident said they did not like being addressed as “darling” by some members of staff, and said they felt a bit “cooped up” sometimes, although they were aware of the opportunities to mix with other residents. However, they stated on several occasions that they thought the staff were doing a very good job and that they felt safe in the home. Another resident mentioned having to fit in with the staff routine and that they usually had “to go to bed at 6.30 p.m. before staff go off duty”. However, they also said that when their daughter was due to visit in the early evening they had asked to stay up. This had been agreed, but they then had to wait until 10 p.m. to be helped to bed “when the night staff had finished what they had to do”. Another resident said they had to “fit in” his bath / shower with the needs of others but thought this was reasonable given that the facilities were limited. Finally, one resident said they did not have a named carer or keyworker. They needed help with washing and would prefer a male carer, but that was not always possible. However, they said the “main thing is that I am being cared for”.

What family and relatives said:

One relative said she was happy with the way her husband’s move to long term care had been managed, and she had been involved with the writing of his care plan – “everything is perfect”. She herself was “treated very well” and could visit at any time. She felt she could talk to members of staff. Her husband always looked presentable.

Another visitor was concerned about the “very long drawn out process” of trying to arrange long term care for her mother in law. She said that she was unsure about the next step, but “wanted some control over it” – the family “did not want decisions made without their involvement”.

(The team was told by the Registered Manager that relatives are encouraged to talk to the staff at any time. Family meetings are held three times a year - one had taken place the week before this visit).

What staff said:

Individual staff spoken to included the Senior Nurse on duty (in post for 4 years), a catering assistant (in post for over 8 years) and the laundry manager (she had worked at the home for 16 years, formerly as a care assistant team leader). They all were happy to talk, answered questions readily and seemed satisfied with their positions and treatment.

The Senior Nurse had worked with the Registered Manager previously, in another care home. She said a staff meeting was held daily at 2 p.m. when the events of the morning were reviewed, and any issues addressed. She was happy that the Registered Manager “knows what is going on”. She told us that there was never enough time and she often

worked extra hours. She also accompanied residents on their outings in her off duty time (e.g. to Wilton, Christmas shopping, and to Salisbury Cathedral.) She found the most challenging part of her job was working with residents' families – some were very hard to please. She gave an example of a recent issue which she had found particularly difficult. She said that staff were encouraged to share any problems, but not everyone was willing to do this.

While speaking to the Senior Nurse, we observed her receiving faxes from Salisbury District Hospital's Access to Care Unit, requesting beds for intermediate care patients. She told us that she would discuss each request with the Camelot treatment team and the Registered Manager, before deciding whether the patient could be accepted for residential care. Sometimes, requests are received from the hospital with less than 24 hours' notice. If accepted, patients sometimes arrived at inconvenient times (e.g. late at night), and transport arrangements with NEPTS were often unsatisfactory, delivering confused patients unaware of what was happening to them, or arriving too early or too late for hospital appointments. The Registered Manager told us that she had the final say in accepting patients or not.

The laundry manager said that the laundry was well equipped, and that she met with the Registered Manager every two months to resolve any issues.

All the staff we encountered were polite and friendly, and not 'phased' by our visit. As the team walked round, team members were asked on several occasions if they needed any help. We observed that the care staff's interactions with residents were friendly, professional and kind. This was reinforced by what the team was told while interviewing residents and relatives.

The latest Care Quality Commission report can be accessed on their website.

http://www.cqc.org.uk/sites/default/files/new_reports/INS2-2473812827.pdf

Acknowledgements:

The Healthwatch Wiltshire Enter and View team would like to thank the Registered Manager and all staff, residents and their families for a friendly welcome and unrestricted access to the premises and activities.

Provider response:

The provider was sent a copy of the draft report to check for accuracy. She thanked Healthwatch Wiltshire very much for the visit and the report. She said “we greatly appreciate the work you do. We do not have anything to correct in your report.”

Control Sheet

Date submitted to HWW office as draft version	29 November 2016
Date sent to provider to check for factual accuracies	14 December 2016
Date response from provider due	3 January 2017
Follow up actions	Dental Access issues are being investigated and followed up with Healthwatch England who are looking at the national picture.

About Healthwatch Wiltshire

Healthwatch Wiltshire (HWW) gives people a powerful voice, locally and nationally. At a local level, HWW works to help people get the best out of the health and social care services provided for them, whether it's improving them today or helping to shape them for tomorrow. HWW is all about local voices being able to influence the delivery and design of local services -not just people who use them now, but anyone who might need to in future.

What is Enter and View?

To enable Healthwatch Wiltshire to gather the information it needs about services, there are times when it is appropriate for Healthwatch to see and hear for themselves how those services are provided. That is why the Government has introduced duties on certain commissioners and providers of health and social care services (with some exceptions) to allow Authorised Healthwatch Representatives to enter premises that service providers own or control to observe the nature and quality of those services.

Healthwatch Enter and View visits are:

- not part of a formal inspection process, neither are they any form of audit;
- a way for Healthwatch Wiltshire to gain a better understanding of local health and social care services by seeing them in operation
- carried out by Authorised Representatives who have received training and been Disclosure and Barring Service (DBS) checked
- a way for Authorised Representatives to observe the service, talk to service users and staff and make comments and recommendations based on their subjective observations and impressions in the form of a report.