

# ‘Enter and View’ Report

## Martin House Care Home

*1 Swift Road, Southall, Ealing, UB2 4RP*



Healthwatch Ealing

15<sup>th</sup> September 2017

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# Introduction

## Details of Visit

Details of Visit:	
Service Visited	Martin House Care Home
Service Address	Martin House, 1 Swift Road, Southall, UB2 4RP
Service Provider	Optivo
Care Home Manager	Mickie Vidot-Aglae
CQC Rating	Good
Date of CQC Report	25 January 2017
Status of Enter & View Visit	Announced
Date and Time	Friday 15 <sup>th</sup> September 2017, 10am to 1pm
Authorised Representatives	Oyinkan Adesiyon, Thais Curia, Yu Chen Chang
Lead Authorised Representative	Oyinkan Adesiyon
Contact Details	Healthwatch Ealing, Martin House, 1 Swift Road, Southall, UB2 4RP Tel: 020 3886 0830 Email: <a href="mailto:info@healthwatchealing.org.uk">info@healthwatchealing.org.uk</a>

## Acknowledgments

Healthwatch Ealing would like to thank the service provider, service users, visitors and staff for their contribution to the Enter and View programme.

## Disclaimer

*This report relates findings observed on the specific date set out above. This report is not a representative portrayal of the experiences of all service users and staff. It is an account of what was observed and reported at that time.*

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# What is Enter and View?

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Enter and View is a statutory power of every local Healthwatch organisation. Local Healthwatch Enter and View Authorised Representatives carry out these visits to a range of 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 Enter and View 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 the service but, equally, they can occur when services have a good reputation - so we can learn about and share examples of good practice from the perspective of people who experience the service first hand.

Healthwatch Enter and View visits 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 Enter and View Authorised Representative observes anything they feel uncomfortable about, they need to inform their lead representative 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 and Ealing Council's social services team where they are protected by legislation if they raise a concern.

## **Purpose of Visit**

- To engage with service users of care homes at the point of service provision
- To assess care homes against Healthwatch England's quality indicators of a good care home

- Observe residents and relatives engaging with the staff and their surroundings
- Capture the experience of residents and relatives and any ideas they may have for change

## **Strategic Drivers**

- CQC Dignity and Wellbeing Strategy
- Healthwatch Ealing delivers an enhanced Enter and View programme. Several care homes have been selected to be visited as part of this programme due to the relative isolation of these types of services. Martin House was chosen as part of this list of care homes and this visit was part of Healthwatch Ealing's Enter and View programme.

## **Methodology**

This was an announced Enter and View visit. Healthwatch Ealing Enter and View Authorised Representatives approached a member of management at Martin House before commencing the visit, and took their advice on whether any residents should not be approached due to their ability to give informed consent, or due to safety and medical reasons.

Healthwatch Ealing Enter and View Authorised Representatives conducted short interviews with six members of staff at the care home. Topics such as quality of care, safety, dignity, respecting and acknowledging resident's and families' wishes and staff training were explored.

A large proportion of the visit was observational, involving a tour of the public/communal areas of the home. Healthwatch Ealing Enter and View Authorised Representatives observed the surroundings to gain an understanding of how the home works and how residents engaged with staff members and the facilities. An observation checklist/guide was created for this purpose.

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# Summary of Results

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## Summary of findings

At the time of our visit, the evidence is that the home was operating to a very good standard of care with regard to dignity and respect

- Residents' clothing and general appearance looked tidy and clean; we saw no evidence on dignity not being respected
- We saw evidence of staff interacting with residents positively and regularly, including having general conversations with them

## Background

We were informed that Martin House has accommodation for 75 residents and they have 74 residents at present. There are five units; two general nursing units, one dementia unit, one residential dementia unit and one residential unit. We were told that there are 15 beds in each unit and staffing consists of 1 staff nurse and 3 care workers per unit. In the dementia unit, there are 4 care workers in the mornings and 3 in the afternoon. According to CQC guidelines, there should be “*sufficient numbers of suitably qualified, competent, skilled and experienced staff to meet the needs of the people using the service at all times*”.<sup>1</sup> There is no specific ratio highlighted in the guidelines. In this case, there is 1 care worker for every 5 residents, and 1 staff nurse for 15 residents. In our view, this is a suitable arrangement. There are 85 members of staff at Martin House exclusive of the kitchen staff who we were told are sub-contracted from a different company.

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<sup>1</sup>CQC (2017) CQC Regulation 18: Staffing [Online] Available at: <http://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-18-staffing#full-regulation>

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# Detailed Results

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## **General Observations**

The visit commenced with a tour of the care home. This section details the direct observations made by the HWE authorised representatives.

### **Reception Area**

The reception area was staffed, clean and secure. The receptionist was friendly and welcoming and asked to see forms of identification before we were permitted to begin our visit.

### **Information displayed**

CQC certificate of registration and last rated CQC inspection were displayed clearly on the wall in the reception area. In the lift area, a feedback box for the food was displayed as was information about how to make a complaint. In the lift, notices about upcoming activities and 'staff champions' (staff skilled in a particular area i.e. dementia care or manual handling) was displayed. In each unit, feedback booklets for the food were on the walls. We observed activity calendars, birthday calendars, fire evacuation plans, information leaflets including 'How to make complaints' training boards, 'How to-' leaflets for staff and daily menus displayed prominently in each unit. We were informed that the complaints box and books are checked daily.

### **Odour and Environment**

There was no odour evident through most of the care home. In the residential care unit, there was a slight urine odour at the end of one of the corridors.

Each unit had a different theme e.g. cities around the world, types of plants, flags of countries. Information and pictures about these topics was laminated and placed on the walls of the unit for the residents to view and read.

Each unit had 'quiet rooms' which had different themes i.e. indoor garden, library and a nostalgia room decorated with items from the past. The care home manager told us

that books delivered from Ealing library every 2 weeks which residents can then borrow and return. There is also another quiet room with donated books from residents' families which residents can read. The quiet rooms are available for relatives to spend time with residents in private, staff to have a quick meeting and for residents to spend time in should they wish. There are media rooms - cinema with old movies and cartoons and a music room with musical instruments.

We did not enter residents' rooms but were informed that all rooms are ensuite. There are also assisted toilets and bathrooms which we saw. All of these looked very clean. Residents' names are on their bedroom doors unless they declined this.

There is a guest bedroom available for relatives should they wish to stay overnight in certain instances.

The laundry room is large and residents' clothes and linens are washed, dried and ironed daily, unless they prefer for their relatives to do their laundry. There is a sluice room in each unit for waste.

There is a hairdresser room and beauty room where residents can book appointments.

## **Food**

Hot food is prepared daily in the industrial kitchen on the ground floor then transferred to the units in hot trolleys which we saw happening at lunchtime. Residents are given a daily menu which consists of approximately 5-6 choices per meal per day. We were shown the weekly menu. Cultural and religious choices appeared to have been considered as we observed that there are halal and vegetarian options available. Every Wednesday there is 'Diversity Day' with food from around the world. These options are given in addition to the regular food options.

We were shown mini kitchens in each unit stocked with snacks, dry foods, tea, coffee, and milk. We were told that the mini kitchens are also used in the residential unit for cooking activities e.g. baking cookies. We observed that the dining areas in all 5 units were clean and spacious.



## Staff

Staff were easily recognisable with distinct uniforms and name badges. The manager and senior staff nurse did not wear uniforms but had name badges and lanyards. We saw that each member of staff on call has a monitoring device where they input resident's information regularly. This ensures that all members of staff are immediately aware of any changes with a resident and notes are written on an ongoing basis. There is a designated key worker for each resident who spends extra time with them and knows them a bit better than other staff. There is no agency staff at Martin House. All staff are full-time and they have a bank of staff they can call on, if needed.

## Medication and Health

All medication is recorded in the resident's file. There is a GP visit every Monday and Friday which residents are referred to should they need an appointment. All residents are reviewed by the GP every three months. The medication rooms in each unit are clean and kept air conditioned to control the room temperature.

We were told that there is a chiropodist who visits every 6 weeks as staff are not allowed to cut toenails. There is a fee of £12 for an appointment. We were informed by MV-A that the service is well utilised however we were unable to corroborate this with residents. For residents who have diabetes, we were told that referrals are made to the podiatry service through the GP.

## Relationship of staff members with residents

Upon observation by the HWE authorised representatives, the relationship between staff members and residents appeared to be largely positive. The care home manager was able to remember residents' names and histories in all 5 units. She communicates well with residents and understands their needs and personalities. For instance, one of the residents took both the care home manager and the activity coordinator's hands and prayed for them and inquired about their children and how they were. We were informed that this is a regular occurrence. The rest of the staff also showed positive relationships with the residents. Residents sat in TV rooms and were spoken to regularly to check whether they wanted anything. We observed staff members having general

conversations with residents about a range of topics - the weather, their outfit choice of the day, their attendance at the activity of the day. All conversations we observed appeared to be relaxed and informal.

### **Activities**

There are daily activities available at the practice, which we saw on the activity calendars. The activity during our visit was 'Chair Yoga' which appeared to be quite popular as we observed residents on their way to the lounge in the residential care unit from different units to take part in the activity. There is a full time employed activity coordinator for the home. She is supported by activity volunteers. They take part in social activities with the residents in communal areas. They have to undergo DBS checks and do not work unsupervised at any time. We were informed that activities are evaluated through conversation with the residents, and checking attendance levels. Activities can also be suggested by residents.

### **Security**

We saw that doors in and out of each unit were kept shut at all times and are coded for entry and exit for the residents' safety.

### **Interviews**

Healthwatch Ealing's Enter and View authorised representatives interviewed 6 members of staff. There were no visitors at the care home during the visit, and we were informed that most visits take place in the evenings and during the weekends. During the visit, residents were busy being dressed in the morning and then taking part in activities and later having lunch.

### **Care Home Manager**

**Audits and Checks:** HWE authorised representatives Oyinkan Adesiyan and Yu Chen Chang spoke with the Care Home Manager (MV-A). MV-A told us that care plans are audited monthly by the head of care and the head of nursing if there are no changes. If changes occur, they are documented immediately and the care plan is updated as necessary. There are weekly medication audits by the staff, which are supplemented

by monthly medication audits by the head of care and the head of nursing. Audits are also carried out by the training and quality assurance manager, the head of care services and the contracts manager from Ealing Council. MV-A told us that there are unannounced night spot checks to ensure the level of care is consistent for residents throughout the night. This is carried out by MV-A, the head of care or another care home manager within the provider network. She also told us that there is an automated system in place in each resident's bathroom that monitors whether staff complete urine output checks during the night - these checks are logged by a computer programme to ensure they are carried out for every resident.

**Feedback:** MV-A told us about her 'open door policy' and once-monthly 'open door surgery' through which she gathers continuous feedback from staff, residents and relatives. There is a bi-annual family and friends meeting, monthly residents meeting and regular staff meetings to gather views. We were informed that the minutes and action plan are made available to residents and relatives but it was not specified how. Feedback is also taken through general conversation with residents e.g. if a resident didn't eat their meal, they will be asked about it to identify the issue. All complaints; verbal and written are investigated.

**Training:** MV-A explained that staff training at Martin House depends on the level of experience the individual staff member had. Each new member of staff must do a minimum of a week of induction and shadowing. They are evaluated and the induction process continues as required. Training takes place through workshops, e-Learning, shadowing, observation and professional conversation.

**Planning:** MV-A told us that plans for each resident are devised based on the pre-admission assessment. There is a draft care plan in place within 48 hours of each resident's admission and a detailed care plan within 7 days which is kept regularly updated. Resident's views and feedback are regular obtained through general conversation and monthly resident's meetings.

**Activities:** Activity lists are displayed in each unit. Residents are reminded verbally of upcoming activities. There are also 1:1 activities available e.g. gardening, reading for

residents should they wish to take part. We were told that residents are encouraged to take part in regular activities and their feedback is sought to improve and continue/discontinue activities. We asked for an example of this. MV-A told us that chair yoga had previously been a monthly activity which was then changed to a weekly activity after positive feedback was received from residents.

### **Senior Staff Nurse**

HWE authorised representatives Oyinkan Adesiyen and Yu Chen Chang interviewed the senior staff nurse. She told us she has been employed at Martin House for 2 years, first as a nurse and more recently as a senior staff nurse. She finds it an enjoyable place to work, and remarked that her induction process was very thorough. She completes the medication audit every Saturday and a documented audit once a month. She is aware of safeguarding measures and has received training from the care home manager on how to handle safeguarding issues. She has not yet had to do this in practice. She feels she gets adequate support and feedback from the care home manager whom she describes as very “contactable” and easy to talk to. She informed us that there are monthly staff meetings where feedback is gained from staff members and any changes are discussed.

### **Senior Carer**

HWE authorised representatives Oyinkan Adesiyen and Yu Chen Chang interviewed a senior carer in the residential unit. She joined Martin House in 2008 as relief staff and became a permanent carer in 2012. She became a senior carer in 2015. She stated that her induction processes (she has had 3 as she has progressed in the home) were very enjoyable and thorough. She felt she was introduced to all aspects of the role and felt comfortable and confident in starting each role. She is aware of the safeguarding policy and guidelines in place but has not had to report a safeguarding issue in her time at Martin House. She conducts the supervision of her carer staff every month and hers is conducted by the Head of Care. She has a monthly meeting with all care staff and there are 3 monthly staff meetings of all staff. She reported that she and all other staff were given training on the documentation device when it was introduced and that she enjoys

using it as she no longer has to write notes at the end of a shift. She told us that ongoing documentation is easier for her and it makes it easier for all staff to be immediately aware of any changes with any of the residents. She feels she gets adequate support from management and she can talk to the care home manager and head of care about any issues she has.

### **Domestic and Laundry Supervisor**

HWE authorised representative Thais Curia talked to the domestic and laundry supervisor. He felt that his induction process was good; he received training on fire safety, domestic and laundry services, health and safety, manual handling and infection control. He has monthly meetings with the domestic and laundry staff and the care home manager. He feels supported by management and reports that the care home manager does her best to support all members of staff. He told us that concerns and improvements are disseminated among staff through staff meetings and one-to-one meetings if necessary.

### **Activity Coordinator**

HWE authorised representative Thais Curia interviewed the activity coordinator. She felt the most positive aspect of her role is making the residents happy, stating that if the residents are satisfied, it means that she is doing her job properly. She told us that she takes care to discuss activity schedules and plans with family members as they know the residents better than the staff and their input is essential. She reported that while there are monthly staff meetings, the manager was approachable at all times and if one needed to discuss particular issues, the manager is available to listen. She stated that she gets valuable support from management and has received this since she started working there and that she wouldn't still be working there if the support system wasn't in place as the role is quite demanding.

### **Maintenance Worker**

HWE authorised representative Thais Curia spoke with the maintenance worker. He reported that he received adequate training when starting the role and felt supported by management.

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## Conclusions and Recommendations

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This report highlights the good practice we observed. It was a positive visit; the home was clean, well maintained and well lit. The home had a pleasant and welcoming atmosphere. We observed that residents appeared to be well looked after and were dressed appropriately.

MV-A appears to have built a good rapport with both staff and residents. Staff appeared caring and dedicated and interacted well with the residents. All staff reported high levels of support from management. This is shown by the good levels of staff retention (no agency staff, both senior staff nurse and senior carer have been employed at Martin House for long periods of time). MV-A was very accommodating and answered our questions candidly and openly. Her answers were supported by additional responses sought from other members of staff. In the future, we would like to talk to residents and/or relatives to get a more balanced view of the home.

This was the first Enter and View visit conducted by Healthwatch Ealing. On this occasion, the Healthwatch Ealing authorised representatives were thoroughly impressed by the standard of the care home. Based on what we observed and were told, we have no recommendations to make at this time.

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## Report

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The report will be published on the Healthwatch Ealing website - [www.healthwatchealing.org.uk](http://www.healthwatchealing.org.uk) and will be disseminated to the provider, commissioners and the public.

The Healthwatch Ealing Enter and View Team would like to thank the staff and residents at Martin House for their courtesy, patience and openness during our visit.