

# ‘Enter and View’ Report

## Pranam Care Centre

*49-53 Northcote Avenue, Southall UB1 2AY*



Healthwatch Ealing

10<sup>th</sup> November 2017

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# Introduction

## Details of Visit

Details of Visit:	
Service Visited	Pranam Care Centre
Service Address	49-53 Northcote Avenue, Southall UB1 2AY
Service Provider	Woodhouse Care Homes Limited
Care Home Manager	Kanagasabai Sivasoruban
CQC Rating	Requires Improvement
Date of CQC Report	16 November 2017
Status of Enter & View Visit	Announced
Date and Time	Friday 10 <sup>th</sup> November 2017, 10am to 2pm
Authorised Representatives	Oyinkan Adesiyon, Thais Curia, Yu Chen Chang, Kate Smith
Lead Authorised Representative	Oyinkan Adesiyon
Contact Details	Healthwatch Ealing, Martin House, 1 Swift Road, Southall, UB2 4RP Tel: 0203 8860 830 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 to 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 type of services. Pranam Care Centre 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 Pranam Care Centre 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 four members of staff and two residents at the care home. The interviews centred around Healthwatch England's indicators of a good care home<sup>1</sup>;

1. Have strong, visible management
2. Have staff with time and skills to do their jobs
3. Have good knowledge of each resident and how their needs may be changing
4. Offer a varied programme of activities
5. Offer quality, choice and flexibility around food and mealtimes
6. Ensure residents can see health professionals such as GPs and dentists regularly
7. Accommodate residents' personal, cultural and lifestyle needs

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<sup>1</sup> Healthwatch England (2017) [What's it like to live in a care home](#)

## 8. Be an open environment where feedback is actively sought and used

The interviews also included specific questions about fluid intake, taking the recent iHydrate report<sup>2</sup> into account. This report gave recommendations to increase fluid intake among care home residents.

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 (Appendix 1).

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# Summary of Results

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## Summary of findings

At the time of our visit, Healthwatch Ealing Enter and View Authorised Representatives concluded that the home was operating to a moderate standard of care. The tour of the home, and the interviews with staff and residents showed us that Pranam Care Centre was able to demonstrate Healthwatch England's indicators of a good care home, albeit to varying degrees. We saw evidence of positive relationships between staff and residents, and this was supported by information received from interviews with the residents. However, Enter and View Authorised Representatives also identified some areas of concern and areas for improvement following the visit. These are outlined in more detail in the report.

## Background

We were informed that Pranam Care Centre has accommodation for 50 residents and they have 32 residents at present. The home is completely residential, and most

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<sup>2</sup> University of West London, CWHHE Clinical Commissioning Group Collaborative, and NIHR CLAHRC (no date) The I-Hydrate project Optimising hydration of elderly residents in nursing homes.

residents have a diagnosis of mild to moderate dementia. We were informed by the director that staffing consists of:

- Morning: 5 carers and manager
- Afternoon: 4½ to 5 carers and manager
- Night: 2 carers

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>3</sup> There is no specific ratio highlighted in the guidelines. In this case, there is 1 carer for every 6-7 residents. We were told that there are 26 members of staff at Pranam Care Centre.

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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 Healthwatch Ealing Enter and View Authorised Representatives.

### Reception Area

The reception area was bright, with lots of natural light. There was no reception desk, however to access the home, one had to ring a doorbell. The door is kept locked, and it took staff members a few minutes to locate the keys. A staff member responded, and we were let in to the home. We were not asked for any form of identification. We were asked to sign the sign-in book. We were met by the deputy manager and the director.

As the weather was poor, one of Healthwatch Ealing’s Enter and View Authorised Representatives had already been granted access to the home. They had rung the doorbell multiple times and the door was not answered by staff for almost five minutes.

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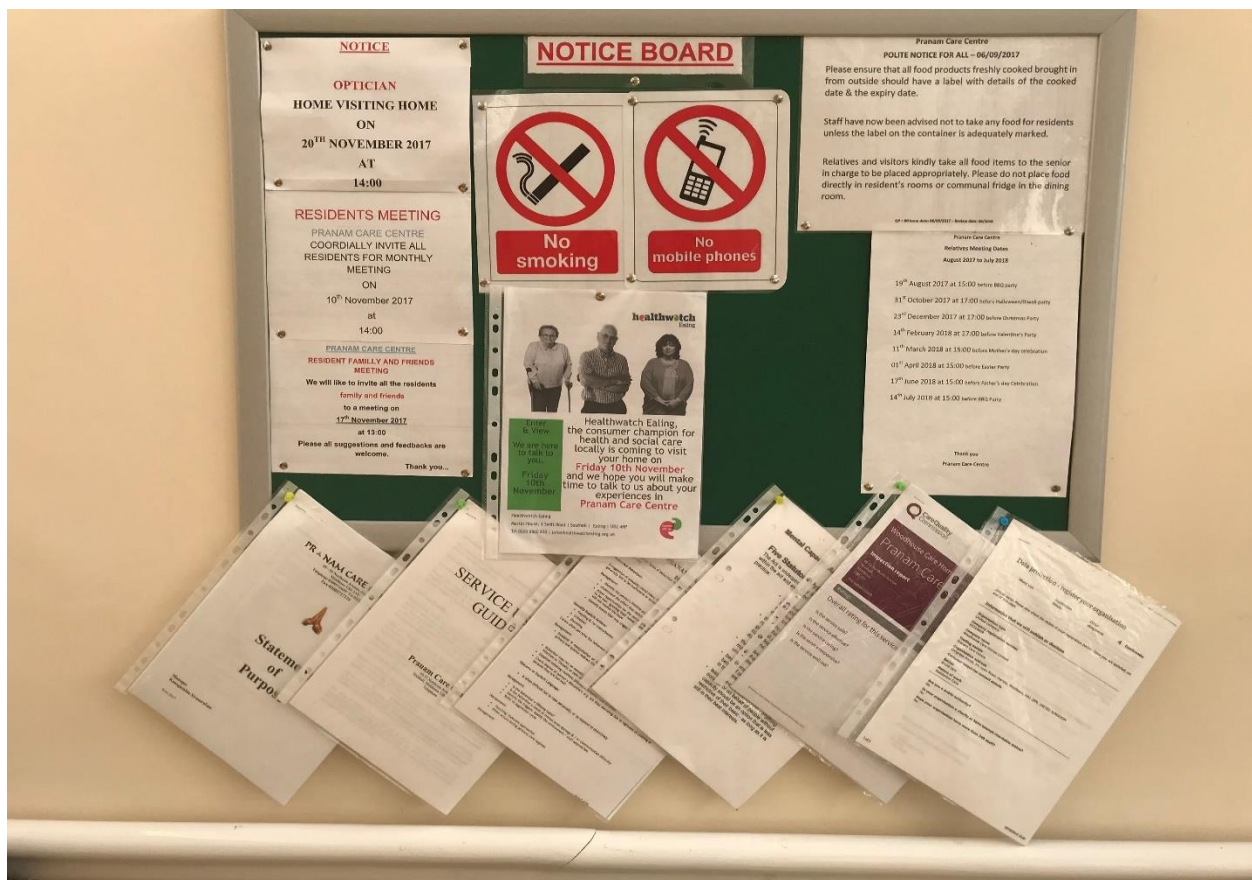
<sup>3</sup>CQC (2017) [CQC Regulation 18: Staffing](#)



When the door was opened, they were not asked for any form of identification and reported that they had been given free access to areas of the home with residents.

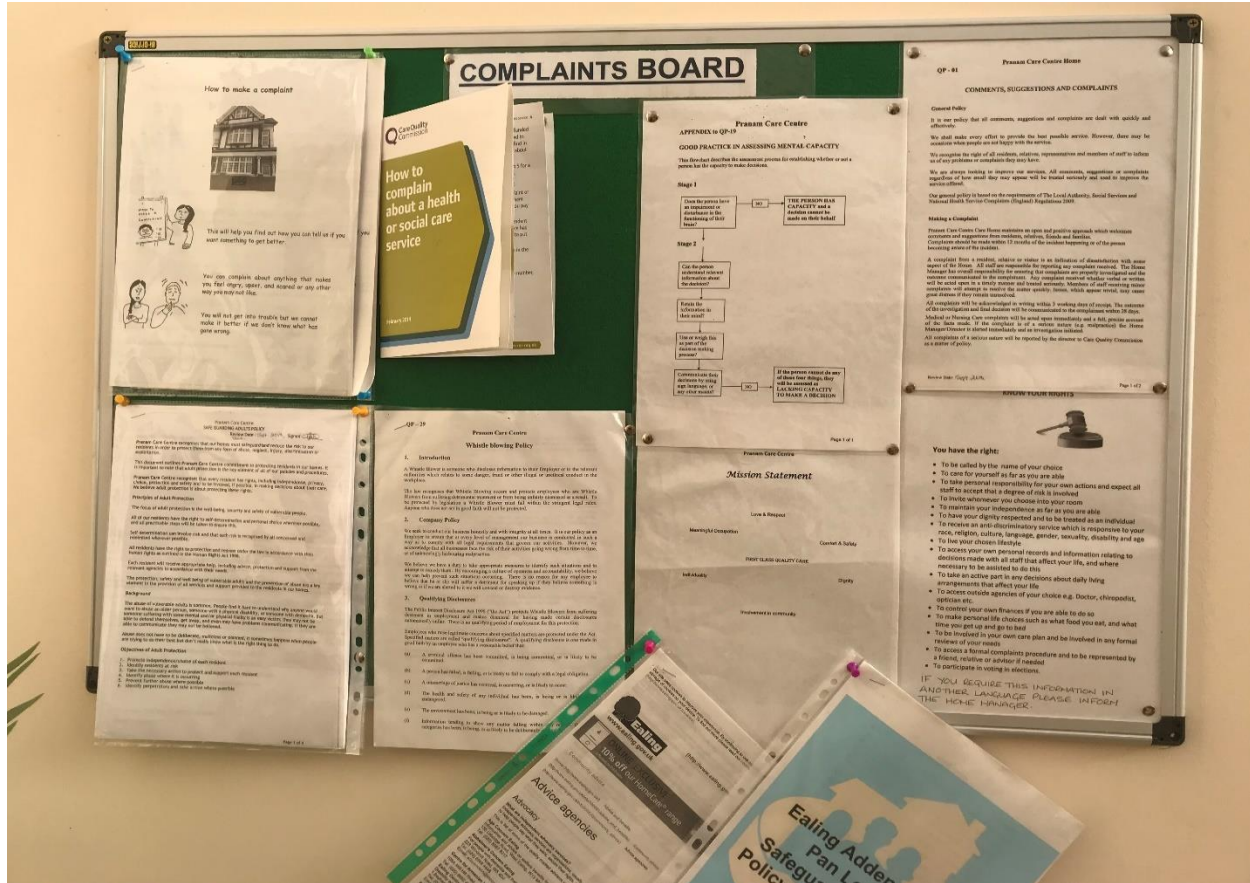
### Information displayed

We saw a lot of information boards in the reception/conservatory area. CQC certificate of registration, last rated CQC inspection and Pranam Care Centre’s complaints procedure and policy were displayed on noticeboards in the reception area. We were shown a display board with the pictures of residents doing activities in the home, at cultural events in the home and on external trips. On this board was the activity plan for the year, which detailed the big events at Pranam Care Centre. We saw that there are monthly events e.g. Valentine’s Day, Christmas Party and Diwali. We saw the dates for monthly residents’ meetings and bi-monthly relatives’ meetings. We also saw a staff noticeboard with pictures of each member of staff at Pranam Care Centre.



Notice Board in Reception Area





Complaints Board in Reception Area

## Environment

There was no odour present throughout the care home. The home was warm, and the conservatory area was bright and airy. The environment was clean and clutter free throughout most of the home. On the second floor, Healthwatch Ealing Enter and View Authorised Representatives observed faeces on the hallway floor. This was cleared away quickly once seen by the deputy manager and director. However, upon closer observation by Healthwatch Ealing Enter and View Authorised Representatives, the floor had not been cleaned completely and stains could still be seen on the hallway floor.

There are six wings in the care home, three on each side of the building. On the ground floor, we also observed the manager's office, dining room and three lounges. One of the lounges had a dining area so residents could eat there if they wished to. In this

lounge, we saw mannequins. We were told that these were there to stimulate residents with dementia and make them feel less alone in the lounge area.

On the ground floor, we saw the laundry room. There were laundry trolleys left out in the corridor as clothes were moved in and out of the laundry room. We saw that the laundry room door was unlocked as it was in use during our visit. We were told that it is kept locked for residents' safety when not in use.

We were shown the garden which was quite large. There were a lot of weeds in the grass, and we saw full black bin bags at the bottom of the garden. We were shown herb boxes and were told that residents enjoyed tending to these. However, authorised representatives noted that the garden may not be very accessible for some residents as there is a raised lip to get from the paved area onto the grass.

We were shown around the different wings of the home. These contained residents' bedrooms, sluice rooms, cleaning cupboards, and a hazardous substances (COSHH) cupboard which was locked. We also saw a sensory room for one-to-one activities and a library room. We were told that the books are replaced regularly by the Ealing library service. Each door had the resident's name and photograph on it. We did not enter resident's rooms but were told that none of the rooms were ensuite. All bedrooms had a sink and toilet, and there were six shower rooms and two bathrooms in the care home. We were shown and saw five shower rooms and two bathrooms. We saw that the bathrooms and shower rooms were clean. We were told that one of the shower rooms was kept locked as a resident would go in there and run the water until it overflowed. We were told that all bedrooms have profile beds (adjustable beds) and that residents can personalise their bedrooms as they wish.

We saw that there were two lifts, both of which were coded for entry. We were told that independent residents had the code for the lift. The lift had a 385kg limit. While in the lift, the 'lift overload' warning went off, but this was ignored by staff. A Healthwatch Ealing Enter and View Authorised Representative was encouraged to re-enter the lift despite the warning but chose to take the stairs. We saw that the stairs were coded for entry also.



Garden

### Staff

Staff were recognisable with distinct uniforms. The director and deputy managers did not wear uniforms but wore lanyards. We were told that there is no agency staff at Pranam Care Centre. We were told that there are currently 26 members of staff. The director informed us that all staff are DBS checked prior to commencing work at Pranam Care Centre. We were informed that the home is staffed according to the dependency levels which are assessed “every once in a while”. The director informed us that as most of the current residents are low dependency, the current staffing levels ensure that staff have enough time to care for each resident.

### Relationship of staff members with residents

Upon observation by the Healthwatch Ealing Enter and View Authorised Representatives, the relationship between the staff members and residents appeared positive. Staff appeared to communicate well with residents, having general conversation with them, regularly making sure they are alright and joking with them about different topics. All conversations appeared relaxed and informal, and the interviews with residents backed up these findings.

### Food

The dining area was spacious and clean. Displayed in the dining area were the daily and weekly menus. The daily menu date was wrong, but this was changed once pointed out by a Healthwatch Ealing Enter and View Authorised Representative. Hot food is prepared daily in the kitchen on the ground floor then transferred to any of the three dining areas, the lounges and bedrooms. We were told that residents can choose where they want to eat their food, which we observed at lunchtime.

Residents are given a daily menu which consists of approximately 2-3 choices per meal per day. We were shown the daily menu and weekly. We were told that there are two rolling menus, one for English food, and one for Asian food. Additionally, there is an alternative menu for residents who don't want anything that is offered on the day's regular menus. While the menu contained a variety of options, there was no specific reference made to dietary requirements; vegetarian, vegan. We were told that residents' dietary requirements are taken into account. We were informed that the chef has input into the residents' care plans and information is included on food allergies, dietary requirements and likes/dislikes of each resident.




















Daily Menu

## Activities

There is an activity coordinator for the home, who we were informed had completed a two-day external training in delivering activities. We were told that the activity coordinator is also a trained carer, and spends approximately 4-5 hours each day on activities and the rest of her shift is spent on her caring duties. There are daily activities available at the home, which we saw on the activity calendar. We were told that the activity plan is developed monthly and the activity calendar is updated weekly by the activity coordinator. The activity coordinator also plans visits by church choirs, external singers, monthly parties and events, and outings for the residents. We were informed that the activity coordinator keeps a daily record of residents' participation in activities and their likes/dislikes. We were told that the home also has a dementia activities' coordinator who works during the weekends.

Week 2. PRANAM CARE CENTRE - ACTIVITIES

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
AM	 <b>GENTLE EXERCISES</b>  Weekly News & Monday Coffee Morning	 <b>GENTLE EXERCISES</b>  1-1 Chat	 <b>GENTLE EXERCISES</b>  ART & CRAFT	 <b>GENTLE EXERCISES</b>  Sing Along	 <b>GENTLE EXERCISES</b>  Play a musical instruments	 Family time  Tea with Family	 Relaxing
PM	 Sensory Sessions	 Movie Night	 Choice of Indoor Sports	 Sherry Afternoon and Thursday club	 Disco Night	 Read aloud	 Playing cards

Weekly Activity Planner

### Medication and Health

We were told that all residents are registered with the local surgery. We were informed that there is a chiropodist who visits the home every two months. There are also visits by opticians quarterly, dentist as required, and the hairdresser every 2 weeks. We were told that nurses attend the home daily to administer insulin for residents who are insulin-dependent.

### Interviews

Healthwatch Ealing Enter and View Authorised Representatives Oyinkan Adesiyani, Kate Smith, Yu Chen Chang and Thais Curia interviewed four members of staff and two residents. 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. All interviews were carried out in quiet areas of the home where the conversation could not be overheard easily by others.



## Residents

Healthwatch Ealing Enter and View Authorised Representatives Oyinkan Adesiyon and Kate Smith spoke with two residents.

<p>General Questions</p>	<p>Both residents reported that they enjoy living at Pranam Care Centre. Both residents have been at Pranam Care Centre for over a year. Residents stated that the food, other residents and staff were things they liked about the home. Residents told us that they felt supported and they were given enough information prior to moving in. One of the residents told us that they had been given information in their preferred language, which made it easier to understand. Residents told us that if they had any concerns, they would have someone to talk to.</p>
<p>Food and Mealtimes</p>	<p>Both residents stated that they enjoyed the food on offer at Pranam Care Centre. Good feedback was received about the portion sizes, warmth of food, and offers of drinks. We were told that they can request snacks and drinks from the kitchen outside of mealtimes, and that they have a range of drinks on offer. Residents told us that they are offered drinks regularly throughout the day.</p>
<p>Personal Care</p>	<p>Residents gave positive feedback regarding personal care. They told us that their privacy is respected, and that staff get their permission before helping them to do anything. They told us that they are able to request GP appointments if they need them and other services that attend the home - chiropody/podiatry, ophthalmology.</p>

Activities and Interests	Both residents said that there are a range of activities on offer at Pranam Care Centre. They told us that they are able to make a choice over whether or not to take part in activities, and are never coerced by staff to do so.
Staff Behaviour and Attitudes	Both residents were very positive about the staff. They felt very supported by staff, who encouraged them to do as much as they can for themselves. We were told that staff check up on residents and are prompt to respond when the residents call them. They told us that staff members talk to them about their lives, try to get to know them, and remember details about them.

### Managerial Staff

The manager was not at the home during the visit. Healthwatch Ealing Enter and View Authorised Representatives Oyinkan Adesiyon and Kate Smith spoke with the director. She has been a director at Pranam Care Centre for two years and is the ‘nominated individual’ (CQC requirement).

Audits and Checks	We were told that there are internal monthly audits at Pranam Care Centre (full list in appendix two). If anything negative is identified during the audits, we were told that action plans to target the issue would be developed by management. Concerns or improvements are relayed to staff members through the monthly staff meetings.
Feedback and Complaints	The director told us that resident feedback was gathered through the monthly residents’ meetings and regular questionnaires which they fill with the help of family members, where required. The

	<p>questionnaire includes questions on activities' likes/dislikes. We were told that activities are adapted to residents' and relatives' responses to the questionnaires and informal feedback told directly to the activity coordinator. To gather feedback from relatives, there are annual 1:1 relatives care plan reviews and bi-monthly relatives' meetings. There are quality assurance questionnaires which relatives also complete throughout the year. The findings of the feedback are shared through the relatives' meetings and residents' meetings.</p> <p>We saw the complaints policy and procedure on display in the reception. We were told that all complaints are recorded, investigated and given an action plan. We were informed that complaints are elevated through the management structure i.e. if it cannot be rectified by carer/senior carer, it is elevated to the manager, then to the director and then to the CQC, if required.</p>
<p>Staff</p>	<p>The director explained that all new staff at Pranam Care Centre complete a 5-day induction which includes two days of shadowing and must complete the Care Certificate within one week of starting work. We were told that all staff must complete mandatory manual handling and Deprivation of Liberty Standards (DoLS) training. They also complete two to three refresher courses a year by external trainers. We were told that staff complete medication administration courses with Boots Pharmacy which take place three times a year. Staff</p>

	<p>are also offered the opportunity to complete their NVQ qualifications. Internal training also takes place by the manager and deputy managers for particular issues that may be identified through the audits.</p>
Hydration	<p>We were informed that drinks are offered regularly throughout the day; generally, approximately 4-5 times a day. There is no designated drinks time but there are jugs of water and various juices left around the home and independent residents can help themselves at any time. We were told that residents who require help are offered drinks more regularly, and residents who choose to stay in their bedrooms are checked on hourly and offered drinks as well. Food intake and fluid intake is documented in daily records and staff are made aware of residents that need to increase their fluid intake. We were told that there are also high fluid foods like soup on the menu to help increase fluid intake.</p>

### Staff Members

Healthwatch Ealing Enter and View Authorised Representatives Yu Chen Chang and Thais Curia spoke with three staff members; two deputy managers and a care assistant.

Positive Aspects of the role	<p>Staff members said that they enjoyed their roles and enjoy working at Pranam Care Centre. Staff reported support from management and working with the residents and other members of the staff team as positive aspects of their role.</p>
Induction process	<p>All staff stated that they received training and shadowed other staff as part of their induction. We were told that induction took the first 10 days. No</p>

	<p>mention was made of shadowing. A staff member mentioned fire training i.e. fire exits, how to use on-site fire safety equipment, health and safety and infection control as examples of training they had undertaken at the home. Staff told us that training was ongoing and they felt that extra training was available should they need it.</p>
Safeguarding Procedure	<p>All staff members we spoke to stated they were aware of safeguarding procedures. Staff informed HWE that they have six-monthly safeguarding procedure trainings and that safeguarding is a standing topic at staff meetings.</p>
Supervision, appraisal and staff meetings	<p>Staff told us that supervision took place monthly or every six weeks, depending on the need of the staff member. We were told that staff could also request or be assigned additional supervision if required. We were informed that appraisal takes place every six months. Staff said that meetings happen monthly.</p>
Handover Procedure	<p>Staff told us that handover occurs at the end of each shift and that there is a handover book in which all changes are documented.</p>
Involvement of family members	<p>Staff said that families and carers are very involved. We were told that the relatives' meeting takes place every three months. Staff told us that there is an open policy for all family members to speak with staff and management about their relatives.</p>
GP Access/Physiotherapy/Hairdressers etc.	<p>We were told that residents are registered with the local GP practice located a few minutes down the road. The GP does not visit the home regularly. However, the staff told us that if they identify an</p>

	<p>issue with a resident, then an appointment is made with the GP practice. All staff said that residents have access to various services;</p> <ul style="list-style-type: none"> <li>• Hairdresser - every 2 weeks</li> <li>• Nurses - every day to administer insulin</li> <li>• Physiotherapy - as required</li> <li>• Chiropodist - every six weeks</li> </ul>
Staffing Levels	<p>Staff reported that there are 5 care staff and one manager on each shift. There were no concerns raised by staff about staffing levels and staff told us that they don't have a shortage of staff.</p>
Support from Management	<p>All staff reported that they felt very supported by management. Staff told us that management is accessible, supportive and always there to help the staff.</p>

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## Conclusions and Recommendations

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Overall, positive feedback was received from the residents and staff members at Pranam Care Centre. Residents told us that they enjoy living at Pranam Care Centre and feel that staff are friendly and respectful towards them. Staff commented that they receive adequate support from management, and residents felt encouraged by staff and enjoyed the activities on offer. However, Enter and View Representatives also had some concerns following the visit, these are reflected in the recommendations below.

This report highlights good practice;

- A resident reported being given information about the home in their preferred language. This demonstrates the home accommodating the personal and cultural needs of their residents.



- Residents told us that staff are prompt to respond when needed.

This report also provides recommendations for Pranam Care Centre. Responses to the recommendations have been received from the home and are in bold.

- Review method of displaying information in the home. Although it was good to see so much information displayed in the reception/conservatory, it was quite difficult to locate and read the information as there was so much of it. In addition, information is displayed solely in the reception area. It may be difficult for some residents to access as, based on our observations, residents spend very little time in the reception area. **Response: One of the methods of communicating information is through meetings which some of the more able residents are able to call upon themselves to discuss things. The information presented and discussed is timely and therefore benefits the residents immediately. However, displaying of information is currently being reviewed. Other methods of communicating information on a 1:1 through relatives has been ongoing and benefits from being quite specific to the information sought.**
- All visitors to the care home should be asked for identification upon entry and should not be allowed to walk freely through the care home. This ensures the safety of both residents and staff members. **Response: This is generally the case and the process has been reviewed. All visitors unless identifiable by staff members, currently will have to provide ID.**
- Staff members should be present in all areas of the home to ensure the home is kept clean at all times. The presence of the faecal matter on the corridor floor was unhygienic and unsafe and poses a health risk to residents and staff. **Response: The home strives to ensure that appropriate methods and processes are in place to ensure that the home is clean at all times including having two cleaners. On this occasion a resident has ‘leaked’; All residents**

who are incontinent have appropriate incontinence pads and are changed regularly to prevent accidents.

- Review the use of mannequins in lounge areas. Healthwatch Ealing Enter and View Authorised Representatives have not encountered mannequins for dementia previously and were unable to find any evidence stating that this is an effective therapy. **Response:** The dressing of mannequins has some therapeutic effects on residents who reminisce on times gone by; A number of elderly ladies relate to soft toys and making a connection to mannequins is not as distant as it may appear. This is not about making judgements, but rather offering choice in areas which may interest some residents. (Included in the manager's response are pictures of residents dressing up the mannequins. This has been omitted from this report to maintain the privacy of the residents).
- Review the accessibility of the garden for residents. The raised lip would make it difficult for residents with mobility issues to take part in any gardening activities. **Response:** The garden has two points of access; One from the building, and the other from outside; If accessed from the outside, the residents can follow the paved path and need not cross the raised lip. Higher dependency residents or those who have mobility difficulties are supervised when they access the garden. The matter will be reviewed. The access to the garden is now through the main entrance and following the paved path. There is no encumbrance in any shape or form to prevent residents accessing the garden under supervision.
- Staff should be trained in, or made more aware of, lift safety. Overloading a lift is very dangerous and can result in serious injury. **Response:** This will be actioned at the next opportunity when the Lift Engineer is on site to provide health and safety training. The lift has a recommended weight capacity and load tolerance Zone with an electric cut out when the lift is seriously overloaded; The cut-out switch is located in the lift machinery room. The lift

is approximately TWO-THREE years old and operates on hydraulic Pistons to raise it and lower it as opposed to chain or cable driven using counterbalance weight; Hydraulically operated Friction brakes are utilised to hold lift it in position when it is stationary. Protection from weight overload is part of the lift design and conforms to Building Regulations and therefore persons are protected from injury due to overloading. Staff have been trained on the safe use of lifts and are acutely aware of the issue of overloading.

- Implement specific timeframes to assess and reassess residency dependency levels to ensure staffing is always at the required level. **Response: The dependency levels are assessed using Rhys Hearn Dependency Assessment Guidelines and this is reviewed for each resident when the care plans are reviewed monthly or when there are changes in needs of residents or when there is an admission or death.**
- Menu options should be clearly outlined for those with dietary requirements e.g. vegetarian foods should be marked distinctly so vegetarian residents are made aware of what their food options are. The current menu makes it difficult to determine what the options are and residents who have dietary requirements may not feel sufficiently catered for. **Response: The matter has been reviewed based on our current resident list. We have a number of Asian residents who are vegetarian and a number of them cannot read. We have the cook who is multilingual, who is able to let those residents know what the choices are available. Additionally, items not on the menu can also be accommodated at fairly short notice.**
- Review the need for a dedicated activity coordinator with recognised qualifications and whose time is ring-fenced i.e. is not providing care to residents. **Response: The home is currently looking at the option of a full-time activities coordinator focussing specifically on activities.**

- A ‘protected drinks time’ where all residents are offered a varied menu of hot and cold drinks should be implemented. The iHydrate report<sup>4</sup> showed that the introduction of a protected drinks time increased the amount of drinks per resident, the percentage of residents getting drinks and the amount of fluid consumed per resident. This would reduce residents’ risk of dehydration which is linked to urinary tract infections, falls, and unnecessary hospital admissions. **Response: Following on from the hydration project introduced in 2014-2015 Pranam Care has introduced a fluid chart for the residents which details recording of fluid intake for residents (A blank copy of the chart was included in the manager’s response and can be found in Appendix Three). However, all of the hospital admission in the past 12 months from Pranam Care was not related to dehydration and whilst dehydration is undoubtedly a link in the chain for the associated risks, fortifying hydration-risk alone does not make the fall risk-chain any stronger. Pranam Care Centre recognizes that Hydration is a complex issue amongst the elderly and residents are offered both hot and cold drinks throughout the day and in between meals and follows a specific routine of Seven Protected Occasions Between 8am - 8pm and additional occasions during the night. The suppression of appetite through increased fluid intake has also been considered with the offer of milky and sugary drinks to enrich calorific value of the drinks. These specific residents take drinks but refuse meals.**
- Review the induction process for staff. There were discrepancies between what we were told by the director and what staff told us (5 days induction and 10 days induction, respectively). There should be a standard induction period that all members of staff are aware of, so there are no inconsistencies. **Response: The induction is tailored at the specific experience of the staff member recruited. The inconsistencies are in the experience levels of individual staff members and not the actual time each individual staff member spends on**

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<sup>4</sup> University of West London, CWHHE Clinical Commissioning Group Collaborative, and NIHR CLAHRC (no date) The I-Hydrate project Optimising hydration of elderly residents in nursing homes.

induction. Having a fixed induction period will not benefit those staff members who are less experienced or who are new to the profession. This will however will be reviewed. Traditionally were able to recruit well experienced healthcare professionals from overseas who were able to come to speed rapidly; Over the last few years a significant number of applicants have no direct experience in care; A longer induction period is therefore was necessary to ensure the standards were maintained. As a sector, recruitment is presently one of the challenges and matter has not been helped by the uncertainty over Brexit.

- Review the frequency of relatives' meetings. There were discrepancies between what we were told by the director and what staff told us (bi-monthly meetings and every 3 months, respectively). The timing of the meetings should be consistent. **Response: Pranam Care has three types of meetings; One is a resident's meeting aimed at the independent residents to address individual needs and to support them and some of these are called by the residents themselves; Then we have the pre-planned staff and resident's and family meetings. The emphasis is on autonomy for the residents and having a rigid (consistent) meeting may not benefit residents who suffer from dementia. As far as we are aware the guidelines are to hold a minimum number of meetings. We have regular relative meetings which include 1:1 meetings to address specific issues. On occasions three or four families tend to join in the meetings where specific items are addressed. This is in addition to the formal advertised meetings. Generally, families and relatives can have access to the manager readily.**

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## Pranam Care Centre Response

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Pranam Care Centre provided the following responses to the overall report:

- The deputy manager and director did not ask Healthwatch Ealing Enter and View Authorised Representatives for ID as it was clearly visible on the lanyards on their necks. The Authorised Representative who arrived earlier arrived without ID.
- The area referred to in the report as a reception area is the conservatory which is accessible to residents. It is not a reception and not a manned area.
- All bedrooms are ensuite with Sink and Toilet but without shower facilities.

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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 Pranam Care Centre for their courtesy, patience and openness during our visit.



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# Appendix One - Observation Guide

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## Observations about home in general

<b>Name of Home:</b>	<b>Pranam Care Centre</b>
<b>Date and time of visit:</b>	<b>10<sup>th</sup> November 2017 (10am – 2pm)</b>

### 1. Reception Area

Observations:

### 2. Information Displayed

Observations:

### 3. Dining Area

Observations:

4. Odour and Environment

Observations:

5. Choice of food and refreshments

Observations:

6. Dignity and Appearance of Residents

Observations:

7. Relationship of staff members with residents

Observations:

8. Appropriateness of activities

Observations:

9. Other Observations

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## Appendix Two - Monthly Internal Audits

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(Information supplied by Pranam Care Centre)

- Health and safety
- Infection control
- Medication (also daily and weekly)
- Fire alarm, fire drills and fire equipment
- Emergency lighting
- Bed rails
- Call bells
- Equipment
- Quality assurance
- Risk assessment
- Care plans
- Daily records (also weekly)
- Handovers
- Allocations
- COSHH - Control of substances hazardous to health
- Policies and procedures
- DoLS - Deprivation of Liberty Safeguards
- Accidents and Incidents
- Maintenance
- Training records
- Staff files
- Contractors
- Staff supervisions
- Care competencies

# Appendix Three - Food and Fluid Chart

## Pranam Care Centre - Individual Daily Statement of Health & Well-Being

Name of Resident \_\_\_\_\_ Date \_\_\_\_\_

Personal Care - Early 8am-2pm	Yes	No	Refused	Comments	Staff Name/ Sign
Choice Offered for Personal care/ Bath/ Shower					
Assisted Personal Care/Bath/Shower					
Assisted Shave/ Eye care/ Hearing Care					
Skin Checked and Cream applied					
Oral Care/ Hearing Care Maintained					
Choice Offered - Clothes					
Assisted to dress/ hair comb					
Assisted finger care/ foot care					
If any concern informed to senior in charge					

Personal Care - Late 2pm-8pm	Yes	No	Refused	Staff Name / Sign	Personal Care - Night 8pm-8am	Yes	No	Refused	Staff Name/ Sign
Choice Offered for PC/ Bath/ Shower					Choice Offered for PC/ Bath/ Shower				
Assisted PC/Bath/Shower					Assisted Personal Care				
Assisted Shave/Eye care/Hearing care					Assisted Bath				
Assisted Shower					Assisted Shower				
Skin Checked					Skin Checked				
Choice Offered - Clothes					Choice Offered - Clothes				
Oral Care Maintained					Oral Care Maintained				
Applied Cream					Applied Cream				
If any concern informed to senior in charge					If any concern informed to senior in charge				

Day Monitoring Chart	In Bedroom	In Lounge	Awake/Relaxing	Sleep in Lounge/Bedroom	Use Toilet/Change Pad	Eating/Drinking	Take part in activities	Gone Out	Visitors	Wandering	Staff Name / Sign
08:00-09:00											
09:00-10:00											
10:00-11:00											
11:00-12:00											
12:00-13:00											
13:00-14:00											
14:00-15:00											
15:00-16:00											
16:00-17:00											
17:00-18:00											
18:00-19:00											
19:00-20:00											

Wake Night Monitoring	Time	Sleep	Awake	Wet Bed	Use Toilet	Stay awake in the lounge	Medication	Staff Name/ Sign
20:00-21:00								
21:00-22:00								
22:00-23:00								
23:00-00:00								
00:00-01:00								
01:00-02:00								
02:00-03:00								
03:00-04:00								
04:00-05:00								
05:00-06:00								
06:00-07:00								
07:00-08:00								

**MEDICATION/ACTIVITIES** Please Refer to individual MAR Sheets & Activity Sheets

Day - Comments or any other logs	
AM Logs	PM Logs

**Pranam Care Centre - Individual Daily Statement of Health & Well-Being**

Name of Resident \_\_\_\_\_ Date \_\_\_\_\_

Time	Type Of Fluid	QTY (ml)	Urine Output (Use if needed)	Continance/ Bowel Chart	Comments
08:00- 9:00					
09:00-10:00					
10:00-11:00					
11:00-12:00					
12:00-13:00					
13:00-14:00					
14:00-15:00					
15:00-16:00					
16:00-17:00					
17:00-18:00					
18:00-19:00					
19:00-20:00					
20:00-21:00					
21:00-22:00					
22:00-23:00					
23:00-00:00					
00:00-01:00					
01:00-02:00					
02:00-03:00					
03:00-04:00					
04:00-05:00					
05:00-06:00					
06:00-07:00					
07:00-08:00					
<b>TOTAL</b>					

concerns and action needed.  
 CODES: D=Dry S= Soiled W=Wet C=Changed T=Toilet Used  
 B.O=Bowel Open

Type of Diet/Special Requirements .....

Please total the fluid intake for each shift and compare with the daily target to identify any risks.

Meal	Time	Food Types Portion (1/4, 1/2, 3/4, 1)	Portion (1/4, 1/2, 3/4, 1)	Refused to eat or drink
Breakfast				
Tea Time				
Lunch				
Snack				
Dinner				
Supper				

Appointments/ Meetings/ Visitors	Time	Early	Late

Time	Accident/ Incident	Body Map	Behavioural Issues	Administered PRN	Report to Safeguarding/ Family/ Funding Authority

**Night - Comments or any other logs**

Senior Carer / Team Leader to Check, Verify and Monitor Daily Records and Counter Sign;

Name ..... Position..... Date.....