



healthwatch
Greenwich

Healthwatch Greenwich

Enter and View:

Time Court Residential Care
and Nursing Home

May 2018



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1. What is an Enter and View?



Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to 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 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 a service but, equally, they can occur when services have a good reputation - so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

1.1. Our approach

To collect information, our Authorised Representatives complete an observation form. Where possible we also speak to residents, service users, patients, and staff as appropriate. We emphasise to all service users and patients that participation is voluntary. We always check with staff if there are individuals who we should not approach or who are unable to give informed consent.



1.2. Disclaimer

Please note that our reports relate to findings observed on the specified dates. Our report is not necessarily a representative portrayal of the experiences of all service users and staff, simply an account of what was observed and contributed at the time.

1.3. Acknowledgements

Healthwatch Greenwich would like to thank the service provider, service users, visitors, and staff for their contribution to the Enter and View programme. Healthwatch Greenwich would also like to thank the Healthwatch volunteers and representatives who assist with the visits.

2. Visit details

| | |
|-----------------------------------|--|
| Date/ time of visit | 23 rd May 2018 10am-12pm |
| Authorised Representatives | Clive Mardner and Jane Hopkins |
| Service provider | Sanctuary Care Ltd |
| Admission information | Care Home with nursing. Registered for a maximum of 56 Service Users |
| Facilities and services | Time Court provides accommodation for persons who require nursing or personal care, Physical disabilities, Sensory impairments, Treatment of disease, disorder, or injury, Caring for adults over 65 yrs. |
| Number of beds | 56 ensuite bedrooms. On the day of our visit there were 43 residents. Around half of these residents are bed bound. Service users and residents were from a variety of of different ethnic and faith based backgrounds. |
| Staffing levels | <p>Daytime: For every nine rooms, there is one nurse and two carers on shift Night time: On each floor, one nurse and one carer</p> <p>We were informed that the staff team are very stable with little turn over or rates of sickness and all employed on a permanent contract. Cover is provided by Sanctuary Care’s own bank staff. Care assistants are paid London Living wage of £8.50. All new staff attend a three-month induction programme and undertake the mandatory training programme i.e. Lifting and Handling, Dementia Awareness.</p> <p>Nursing staff also attend number of courses run by Sanctuary Care, Greenwich CCG and Greenwich Social Services to gain extra skills i.e. Phlebotomy or catheter care as part of their career development. One of the nursing staff is a qualified Nurse Prescriber. One wing of the building operates independently as an Age- UK Day Centre.</p> |
| Who we spoke to | We spoke to two residents and the Home Manager. |

3. CQC Findings

| | | |
|---|------------|---------------|
|  <p>Overall Good</p> <p>Read overall summary</p> | Safe | Good ● |
| | Effective | Good ● |
| | Caring | Good ● |
| | Responsive | Good ● |
| | Well-led | Outstanding ☆ |

The CQC carried out an unannounced inspection 20 October 2016¹. At this inspection they found that there were sufficient staff on duty to meet people's needs. Risks to people had been assessed and where risks had been

identified, action had been taken to reduce the level of risk. People's medicines were managed safely.

Staff were supported in their roles through training, supervision, and an annual appraisal of their performance. They were aware of the importance of seeking consent from the people they supported, Residents were supported to maintain a balanced diet and had access to a range of healthcare services when needed. CQC found that residents were treated with kindness and consideration by staff. Staff respected people's privacy, and they were consulted about their care and treatment. Care plans were in place which were person centred and reflected their individual needs and preferences. They were aware of how to raise a complaint and told us they were confident the registered manager would address any concerns they raised appropriately.

Residents, relatives, and staff stated the service was very well run and spoke very highly of the registered manager. The service had a clear set of values in place which staff were committed to delivering. The provider and registered manager demonstrated an excellent commitment to developing staff and made innovations to service provision in response to people's feedback. People were empowered to be involved in the day to day running of the service. The provider had quality assurance systems in place which helped identify issues and drive continuous improvements within the service. Time Court is now participating in the Red Bag scheme now being rolled out by Greenwich CCG

¹ Care Quality Commission Report November 2016: <https://www.cqc.org.uk/location/1-135959962>

4. Our findings

4.1. Arriving at Time Court care home



The home is set in a pleasant tree-lined residential street next-door to the Day Centre operated by Age UK. The 380 bus (Woolwich to Lewisham) stops immediately outside the building, and the nearest train station is either Woolwich Dockyard station, a 10-minute walk or Woolwich Arsenal (DLR) on the 380 bus. As most residents arrive by car this does not present a problem. There is a large visitor's car park in front of the building that also serves as a drop-off for the Age UK Day Centre transport. The disabled ramp provides access to both day centre and care home.



4.2. Communal areas



The reception area lies between the entrance to Time Court and the Day Centre. The front door is supposedly secure with a bell and speaker phone and access enabled by the receptionist on duty. However, on the day of our visit, we were able to gain access via the adjoining Day Centre door, which had been left open and unattended. A more mobile and disorientated client could easily wander out, or worse an unwelcome visitor could gain access into the building without being challenged by staff.



The reception entrance and waiting area was open and spacious area with lots of turning space for wheelchairs and comfortable seating. The receptionist was very helpful and welcoming. The building smelt fresh and clean and free of any background odour.

The prevailing atmosphere of the reception area and rest of the establishment was one of peace, giving the impression of a well-oiled machine with everyone was getting on with their jobs in an unhurried and purposeful way. Calm and drama-free.

The walls are somewhat cluttered with information sheets, framed certificates and notices that that were a bit overwhelming and in need of a review and update.

A photographic collage of all the residents (without names) was prominently displayed along with a similar one featuring all the staff team with their names and positions. Forms to register views and comments were available in the front desk. The daily menu and activities programme was in view.

The communal lounge areas were arranged and furnished as if they were ordinary living rooms with bookcases and pictures on the wall. Attempts had been made to make it feel less institutional. Although the TV was on, it didn't dominate the room and the sound was on low so that the residents were able to find a corner that was relatively quiet if they wished to read or chat to others. An island in the corner of the room acted as a kitchenette with a microwave to heat up snacks and unlimited amounts of hot drinks prepared by the care assistants.

The three wings of the building enclose a secure and substantial well laid out sensory garden area with a pond, water feature, raised beds, picnic tables and shaded seating. The more active residents are encouraged to become involved in the light gardening (raised beds) group and co design the planting. The garden area serves as a backdrop to summer events and parties



Signage could have been larger with a strong contrast. Pictures delineating the room's function also accompanied the notice i.e. picture of a bath on the bathroom door. It would help cognitively challenged and visually impaired residents if the doors were painted in strong primary colours and thought given to coloured toilet seats.

4.3. External services and practitioners



The home is served by good external ancillary health services organised by the management:

- A local GP holds a surgery twice weekly to see referred clients. Nursing staff can also send record of 'vitals' electronically for a second opinion.
- A national optician undertakes yearly eye tests for service users.
- Audiologist referrals via the GP if staff notice that a resident is developing hearing problems. District Nurse is contacted if ears need to be syringed.

- A specialist Tissue Viability nurse monitors skin integrity and advises on management.
- Community pharmacist attends bi-monthly to undertake medicine reviews.
- The health authority provides any necessary equipment i.e., Waterlow mattresses.
- Community Dietician can be contacted for specialist advice and even visit the client.

4.4. Resident's bedrooms



The resident's rooms open onto the main corridor and all rooms are ensuite with call bells, frames around the basins and toilets. The old institutional metal hospital/type beds have been replaced by wooden framed single beds that can be automatically raised or lowered to assist transfers in and out of bed. Most rooms are carpeted in the residential section except in cases where a resident's incontinence may require an easily cleaned floor covering to preserve hygiene levels,

Residents are permitted to bring in items of furniture, personalise their rooms with mementos, arrange their furniture to their taste, and put up their own choice of soft furnishings. There is a TV point in each room. Call bells are within easy reach of the main chair in each room.



We were particularly pleased to see that outside each room is a picture of the resident along with a memory box filled with their own items.

4.5. Food and nutrition



All meals are prepared fresh inhouse by the catering team. Meals are designed both to reflect the tastes of the unit's diverse population but also to cater for specialist health diets (diabetic, low sodium, gluten-free) or pureed for those with swallowing difficulties. Menus are distributed to every room first thing every morning and orders taken (alongside a daily programme of activities). Meals for the non-bedbound are generally taken in the communal room attached to each unit at tables set for four residents. The table menus display pictures of the meals in addition to a written description. Clients can also choose to eat in their own rooms if so wished.

Clients are regularly consulted about changes in the menu and the catering team actively seek feedback on their work. Jugs of water are delivered to each room in the morning and replenished throughout the day. Hot drinks are prepared by care assistants on request in the communal lounge throughout the day.

4.6. Activities and visits



An activities board is clearly visible with numerous things for residents to do. A sheet detailing the daily programme of activities is delivered to each mobile resident in the morning to alert them about events. Residents are free to pick and choose activities as they wish.

A 'happy hour' is held every Friday afternoon at the well-stocked resident's bar. There is a hairdressing salon on site that also offers manicures and hand massage. There is a 'cinema room' where residents and their families can watch a favourite film. We were not able to observe any transport for taking residents on trips and visits

Time Court attempts to address their resident's spiritual needs (if requested) by links with local faith groups and places of worship i.e. Local mosque, Catholic church, Sikh elders and Anglican and Pentecostal churches, they also hold a C of E service for residents to attend if wished.

4.7. Referrals and available support levels

Time Court does not have the resources or staffing levels to adequately cater for the needs of more advanced Dementia sufferers. However, as some residents may develop cognitive problems over time efforts are made by the manager to arrange extra funding and resources to enable them to remain in their long term home. Occasionally, some service users appear to be inappropriately placed by the Royal Borough of Greenwich, following discharge from hospital

On arrival, a further assessment undertaken by the Home sometimes identifies that Time Court cannot provide the level of support needed for the new resident. This can result in unnecessary delays and distress to a service user, before being moved to a more appropriate setting able to cater for their needs. Some of these cases could be avoided

by more effective assessments by social workers prior to referral - there have been occasions when the referrer has relied on previous (and out of date) information in the file without going to assess the client on a face-to-face basis.

We have contacted the commissioner at Royal Borough of Greenwich who stated:

“CQC are no longer so rigid in regard to official specialisms, its more important that the providers assessment clearly indicates that they can meet the needs of the client. So, you could find that if a client has low or moderate levels of dementia and all parties agree on the suitability of the placement then it can go ahead.

“There is still the operational distinction of residential or nursing, yet dementia diagnosis can and is flexed

“Time Court are one of our Neighbourhood Resource Centres so RBG have a block contract across the majority of all care beds. Hence all placements are RBG funded and orchestrated.”

We fully understand the position, and the level of discussion that takes place between the commissioner and the provider regarding making a referral to a home that does not necessarily specialise for the particular needs of a resident. However, the focus should be on the needs of the patient and ensuring that the assessment is based on up-date information and all stakeholders are involved. In this way delays can be avoided in and correct referral can be made first time.

5. Resident and relative feedback



Residents gave us predominantly positive feedback about staying in the home. We spoke to a 78-year-old resident 'Mary', who moved in some years ago. The conversation took place in private in Mary's room. Mary stated that she was very settled at Time Court and glad that she had made the decision to move in. She finds the staff always friendly, helpful and approachable. If she felt like having a shower in the middle of the night she is sure staff would be willing to help her. She feels she is not pressurised into doing anything she doesn't want to do, including going to bed at an hour not of her choosing, and ordering her main meal at lunchtime rather than the evening.

She usually prefers to remain with in her room listening to Radio Two or watching TV, or sitting out in the garden, weather permitting. Mary explained this was partly to avoid some of the other residents who 'wind her up'.

'Mary' does choose to meet the other residents in the communal area during mealtimes or at her chosen activities. She felt the standard of food was high and if she didn't like any of the choices, the catering staff were happy to provide an alternative such as an omelette or salad.

We also spoke with the daughter of a newly arrived resident, who was effusive in the praise of the unit and the staff team so far; In particular

- Singled out the Manager for praise. Found her approachability and 'open door' policy' helped relieved her own anxieties about placing her mother in care and valued her experience and practical advice offered.
- Praised the high standard of cleanliness maintained within the unit.
- Appreciated the efforts made by all to make her feel welcome as a visiting relative and incorporated into the life of the establishment through unrestricted visiting hours and freedom to join her mother at mealtimes.
- Observed that the staff treated her mother in a respectful and unhurried way ensuring that her dignity was preserved at all times.

On communication with families and relatives, the Manager stated that tried several times to set up a relatives group meeting, but this had not been well attended (despite several attempts to vary the time and day of the meetings to increase attendance). A different approach may need to be taken to resolve this.

6. Summary

Overall, we were very impressed with the facilities and the care on offer at Time Court Care Home. Staff appeared to know the residents well and residents had mainly positive feedback about staff, the facilities and the care they received.



The home itself was welcoming and homely, hosting a wide range of activities and catering for residents of varying levels of independence. Staff were friendly and helpful, and appeared committed to implementing improvements going forwards.

7. Recommendations

Recommendation 1: Improve signage to ensure that visually sighted.

Review care home signage to ensure that it meets visually sighted minimal font size (18+) and recommended primary colours. Include dementia friendly pictures depicting the room's function on signs and notices.

Recommendation 2: Ensure that access and egress via the day-centre is secured.

We noted the ease at which we were able to enter the home via the day-centre. Although we recognise that there is a need to move easily between the two buildings, it is important that the exits are properly secured.

Recommendation 3: Management to put clarify policy around resident transport facilities.

We are not clear as to present policy in regards residents transport. This needs to be clarified and clearly displayed.

Recommendation 4: CCG and RBG review the referral of Dementia residents to the Home.

We note the points made by the home about dementia referrals and the response by the commissioners. However, we are concerned about potential delays to residents, who may need to wait eight weeks before being appropriately placed. It is important that the referral is correct at the time of the assessment.

8. Service Provider Response

All providers are given the opportunity to review our Enter and View reports prior to publication, check for factual accuracy and provide a formal response.

Comment from provider:

“Findings 4.2 Communal areas: I can now confirm that the day centre now locks their door at all times. On the day in question, the day centre bus had just arrived to drop off the residents, hence you were able to gain access through their door.”

Mary Johnson, Home Manager

9. Contact us

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Acknowledgements

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