

Enter and View Report

Tandy Court Care Home



Healthwatch Birmingham
Visit date: 9th June 2017

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| Name of Establishment: | Tandy Court Care Home Tandy Drive Kings Heath Birmingham B14 5DE |
| Date of Visit: | Friday 9 th June 2017 |
| Time of Visit: | 2 pm |
| Purpose of Visit: | To ascertain patient, carer and user experience and observe service delivery. |
| Healthwatch Authorised Representatives Involved: | Mr Michael Tye Ms Tina Brown-Love |
| Healthwatch Staff Member(s) Involved: | Dr Jane Upton Dr Barbara Hagger |
| Date of Draft Report sent to Tandy Court | 22 nd June 2017 |
| Date of Final Report: | 18 th July 2017 |
| Disclaimer: | This report relates to findings observed and shared with us on Friday 9 th June 2017. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed during the visit. |

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1 Executive Summary

We spoke to six residents, two visitors and two members of staff when we conducted the visit in June 2017.

Key findings from interviews with residents and relatives:

- The majority of residents at Tandy Court felt staff listened to them and met their care needs.
- The residents appreciate the efforts of the activities co-ordinator.

We have described what we heard in more detail in this report. Charmah Gauntlett, District manager-Central-C1 (Care Services) Anchor, has responded to this feedback (see footnotes throughout the report and the response in full at the end of the document).

The management is continuously working to improve staff training and patient engagement and activities. Some of the changes that staff are making specifically because of our visit include:

- A new screen has been ordered to ensure that the dignity of residents is protected if they choose to be assessed in a communal area.
- The cleaning of the communal toilets is being monitored.
- The home is implementing a new system for monitoring the laundry; this will help ensure that items are not lost.
- Staff will keep residents and relatives informed about the ongoing training of staff.
- They will encourage visitors and staff to bring in their pets, if safe to do so.

In addition to placing this report on our website, we have circulated it to the following organisations:

- Tandy Court management, for circulation to residents and staff
- Healthwatch England
- Care Quality Commission
- Birmingham City Council

1.1 Introduction

1.1.1 What is an Enter and View visit?

In an Enter and View visit, authorised local Healthwatch representatives (staff and volunteers) carry out visits to health and social care services. This is to obtain feedback from patients, relatives and service users.

The Health and Social Care Act (2012) allows local Healthwatch 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, pharmacies etc.

1.1.2 About Tandy Court

Tandy Court is a purpose built residential care home for up to 40 older adults and is located in Kings Heath, Birmingham. The home cares for those with physical disabilities and illnesses related to the aging process and dementia. The main source of referral is from hospitals and social services with funding coming from the Local Authority.

The manager is Ms. Janine Brown. The district manager is Charmah Gauntlett. The Anchor Group run the home, which is registered with the Care Quality Commission (CQC) to provide convalescence, respite and personal care (not nursing care). The CQC¹ carried out an unannounced inspection in September 2016. They rated the home as ‘good’, but the safety of the service requires improvement.

1.1.3 Why did we visit?

- To listen to resident’s views of their care, focusing particularly on how the staff obtains and uses resident’s feedback.
- To help the organisations that fund and regulate social care in Birmingham to understand the patient’s perspective of care provided at Tandy Court, particularly whether residents felt the staff are treating them with dignity and respect.

1.1.4 Overview of our visit

This was an announced Enter and View visit. Healthwatch Birmingham representatives included two members of staff and two volunteers. We telephoned the manager at Tandy Court one week before our visit to discuss any Health and Safety requirements and identify possible health and safety risks. We also wrote to Tandy Court, providing written information about the visit, and sent posters showing the time and date of the visit, postcards and general information about Enter and View visits.

During the visit, we met with the manager, members of staff and talked with eight residents. We observed how staff seem to treat

¹ Care Quality Commission report for Tandy Court:
http://www.cqc.org.uk/sites/default/files/new_reports/INS2-2337937627.pdf

residents, how homely the establishment appeared to be, whether the staff gave residents privacy and their general quality of life.

The residents we spoke to said they had lived at Tandy Court between six months and five years. The décor and atmosphere felt comfortable and ‘homely’ to the Healthwatch Birmingham representatives. We did note that some residents were receiving assessments, treatment and/or medication in communal areas².

1.2 What we saw and heard from residents and staff

Six residents, two visitors, and two staff members agreed to discuss life at Tandy Court with us.

1.2.1 Patient engagement

Resident’s meetings

The staff’s view: The manager informed us that they hold monthly residents/relatives meetings.

- *Team leaders conduct a monthly care meeting. This includes family, and residents if they have the capacity to understand the meeting.*
- *At the meeting, they try to note down what the residents say and do something about the issues they raise.*
- *Family members come to the meetings if the residents do not have the capacity to participate due to dementia.*
- *Relatives talk to the staff to give feedback. The manager then asks the staff to address the issue.*
- *Many residents have dementia so it is difficult to obtain feedback from them. Sometimes there is persuasion between*

² See ‘Manager’s response’.

residents (some residents get others to agree with them about things that they want to be changed).

- *We discuss meals and activities.*

The manager and staff told us that they take action because of what they hear from residents.

- *Residents originally had a cold lunch and hot evening meal. They wanted this to be swapped over, which it was. But then the residents said they preferred the hot meal in the evening after all, so these were swapped back again.*
- *There is now more diversity and choice of meals.*
- *They have also started having tasting sessions for new meals.*
- *Residents have requested more trips out. Two residents have since been on a trial visit to the Birmingham Museum.*
- *They had someone come to them from the Museum with a 1970s archive box, which the residents enjoyed.*
- *Tandy Court has installed a 'wish wall'.*
- *Recently Tandy Court has obtained £8000 from the Anchor legacy fund. They are using this to refurbish one of the lounges. It now has a stage and a bar.*
- *They are also installing an interactive sweet shop.*

Day to day listening and engagement

The resident's/relative's view: We asked residents if they felt staff listened to them regarding life at Tandy Court and what effect this had on their health and well-being.

- *Yes. And when they speak to you about anything they listen.*
- *Trust, they inspire. What you see is what you get.*
- *I do have a chat with staff. I have never needed to tell them about something that needs to be improved though.*

- *Any little thing you want done they will help you with.*
- *Nice, makes you feel you count. Makes a lot of difference. They run a bath programme (residents are supported to have a bath) and each resident has a key worker - we feel listened to.*
- *Makes a big difference.*
- *Makes me feel good. Staff will always listen.*
- *Carer really listens to my grumbles.*
- *There were no times I did not feel listened to.*
- *I have a key worker. Can go to them at any time.*

However, others did not feel listened to³.

- *For a while, I did not have a hearing aid. During this time I could not hear the staff properly. Some of them managed to communicate with me but others were not able to.*
- *Some staff listens but others don't.*
- *I have told the staff that the toilets in the hallways need cleaning more regularly. Nothing has happened.*
- *I have requested a key so that I can use these toilets rather than going back to my room. I have not received one.*

Healthwatch Birmingham observations

Interactions with residents were warm and friendly. Most staff talked to, smiled and appeared to listen to the residents. We observed staff addressing residents by name. Eye contact and tone of voice were good and staff were welcoming to visitors and treated each other with respect. Most appeared caring and patient despite

³ See 'Manager's response' section below

a heavy workload. Staff helped those residents who wished to go to the entertainment that was taking place.

1.2.2 Dignity and respect

The resident's/relative's view: Residents told us that most staff treat them with dignity and respect.

- *The staff treat me ok.*
- *I feel respected.*
- *The staff are nice and helpful.*
- *Courteous to resident's visitors.*
- *Absolutely. Respectful, kind, really are good.*
- *Kind and respectful.*
- *Guests are very welcome and they say you can stay as long as you like.*
- *I feel at home.*
- *I do definitely. Night carers are good.*
- *Go to bed when we want. Get up when I want.*
- *One (staff member) I'm not keen on. I don't want to say more.*
- *They get messages to us straight away.*

1.2.3 Choice of care provider

We asked residents about their level of involvement in selecting their care home provider. Many residents have chosen to come to Tandy Court.

- *The social worker gave the names of a few homes. We visited a few of them and ... chose Tandy Court.*
- *I chose to come here. Looked around with a friend first. Brought my son here he liked it.*
- *I came here through my son.*
- *I came here because I was not safe at home.*

- *I wanted to go to live with my son. It is natural to want to live with your family.*
- *My friend lived at home and was unsafe because of making meals and using the stairs.*

Others had no choice.

- *I was at another home that closed.*
- *None. I didn't go around ... care homes to look.*

1.2.4 Quality of care

The resident's view: We asked residents about the care they receive. Many were happy with the care.

- *Get a chiropodist every six weeks. That's good.*
- *Live a life of leisure here.*
- *Only need help with a shower.*
- *Overall I think they do (take care of residents).*
- *No, can't think of anything. Quite contented. My husband made sure I was cared for before he died.*
- *I am very well cared for and my condition understood.*
- *I cannot think of any ways that the service could be improved.*
- *My friend is down but she has a psychiatrist and tablets.*

Others had a different point of view⁴.

- *Many of the staff are young girls, and this is a second, part-time, job for them. They are meant to have training but I don't know what training they have or when this happens.*

⁴ See Manager's Response at the end of the document for each of these pieces of feedback

- *Clothes regularly go missing from the laundry. In the last six months, three jackets have gone missing and one very nice blanket.*
- *Quite a few staff changes.*
- *Sometimes my partner hasn't been supervised to have a shave when he needs one.*

1.2.5 Meals

The staff's view: The manager told us that residents had provided feedback in the resident's meetings about their meals.

The resident's view:

- *We have a mid-morning snack. Mid-afternoon break.*
- *In the evening we have a drink of Horlicks or hot chocolate.*
- *Have to be thankful you have a roof over your head and meals got for me. Very, very thankful.*
- *I had impressions taken for new dentures. These have not arrived yet, and are taking a long time to be fitted. This is embarrassing for me as I cannot chew my food properly.*

1.2.6 Quality of life

The resident's view.

- *Never question how long visitors stay. Some are here at breakfast.*
- *(Visitors) I'm always asked if I want a dinner.*
- *There's nothing wrong with this place - courtesy is indescribable.*
- *They came to me - Invited me to stay to dinner whenever I want to.*

- *I do a lot of writing and my visitors take the letters. Anything later and carers will drop it in the post after they have had their shift. I was introduced to a pen friend who lives at another Anchor Home.*
- *People can come in any time of day and they never complain.*
- *Well, generally very happy here.*
- *We are happy here.*
- *Before I came I used to think it was like the workhouse. One long ward and horrible people in charge. But you found a nice lot of kindness and help.*

Some residents expressed their feelings about lack of conversation and companionship.

- *Some people are always moaning about things. One lady moans a lot and they (staff and residents) have a nickname for her.*
- *So many people here with dementia only four or five who can talk. We stay in our rooms but meet at lunchtime⁵.*

When asked if Tandy Court felt like home one residents said:

- *Yes. I feel this is home.*

Others missed the companionship of pets.

- *Pets are not allowed⁶. They had a rabbit but it was lonely and a carer took him to be with her pet rabbit.*
- *We can't have pets regretfully. A past carer used to bring in her dog.*

⁵ See Manager's response below.

⁶ There is a policy to guide whether a pet is allowed in the home, see Manager's response below.

We had a positive response from residents when we asked them if they would recommend this service to their friends and family.

- *Well. I've got a friend and she said she would come here if she couldn't manage to cope.*
- *My daughter would recommend it.*

1.2.7 Activities

The staff's view: Staff mentioned that residents have a knitting circle and could do puzzles and there is an iPad used by some residents who have autism.

The garden is undergoing improvement. Staff told us that residents do not help with the gardening, but it was something they could think about. The home has set up a 'wish wall' where residents can put up requests; these cover activities from going to football matches to seeing Slade. Although many residents did not attend activities outside the home, two residents went on a day trip about a month ago to a museum arranged by Hannah (the activities coordinator).

Tandy Court has acquired some money from a fund run by Anchor (legacy funds). They were awarded £8000 to turn an upstairs room into a pub and another into an interactive sweet shop.

The resident's view: Most, but not all, of the residents/visitors seemed happy with the provision of activities at the home.

- *We use 'ring and ride' and go to the pub.*
- *Go out on 'ring and ride'.*
- *Would love a piano.*
- *I love music and would love to have a piano here.*

- *It's too late to learn the piano. I wouldn't be able to see enough. A few years ago I would have loved it, but don't feel I could manage it now.*
- *I took my friend to the Church Club and introduced her.*
- *Hannah does our nails if asked. Does them on a Thursday.*
- *The optician told me he couldn't do anything for me anymore. He was very good and very fair. I listen to the quizzes because I can't see to take part.*
- *If you keep your mind active it's better for you as long as you can do it.*
- *New activities lady is good.*
- *Hannah brought in brochures for a concert hall in Birmingham. I went with a friend. We needed help to get there and City art gallery paid for a taxi.*
- *I would like to go out and see what's going on. I am going to Church club. Can't go otherwise unless I have a lift or a taxi. Get terribly giddy. I used to be very active cycling.*
- *In the past, I was very active and walked up Snowdon. But can't get out as much now.*

Others felt that there was not enough to do and residents mostly slept.

- *The level of activities are not sufficient. Most of the residents just sit in a chair sleeping most of the time, with the occasional chat with another resident.*

We talked to residents and visitors about the new stage and bar being built. They hope to have a pool table and stage. The stage had just been put in the day before our visit.

- *It will be nice when it's finished.*
- *I don't like the fact there are drinks on the premises.*

1.3 Acknowledgements

Healthwatch Birmingham would like to thank Tandy Court residents, staff and management for their contribution and support with this Enter and View.

1.4 Disclaimer

Please note that this report relates to the findings found on 9th June 2017. Our report is a representative portrayal of our experiences of this visit.

1.5 Response from the manager

Please see below the action taken in response to your feedback:

Overview of our visit

“You noted that some residents were receiving assessments, treatment and or medication in the communal areas. We do have a screen that we use in the home to cover people’s dignity in the event of them needing some intervention in the communal area, however, it has broken, we have ordered a new screen. There are some people living in the home that decline to move to a private area for some intervention from the District Nurse, for example, to avoid them not receiving appropriate care a screen would be used to ensure their privacy and dignity. However, this is assessed on an individual basis and in exceptional circumstances.”

Day to day listening and engagement

“We will continue to encourage regular resident and relative meetings to gain feedback on a regular basis. Management will continue to be active on the floor and speak to residents to gain their feedback, and discuss any issues or concerns that they have, in order they are addressed in a timely manner. Staff meetings will take place on a regular basis with discussions of the importance of staff sitting and speaking with people to ensure people feel listened to, along with management promoting this on a day-to-day basis and work with staff to constantly build on this. The home is also encouraging volunteers in the home to support with activities and talking with people. The home has had care apprentices in the past who are an addition to the staffing in the home. We found

that this worked extremely well, resulting in the care apprentices securing permanent positions with us. We are currently reviewing this again and the home will be nominated to have two care apprentices on the next roll out. The home has a 'You said, we did' board on display in the reception area. This is updated on a regular basis ensuring that actions are taken in response to people's feedback. The home has also participated in 'Your care rating', an action plan is in place following the results from the surveys that were received.

The monitoring of the communal toilets is taking place to ensure that it is cleaned on a regular basis, the home also has cleaning schedules in place to evidence frequent cleaning in the home. Discussions are currently taking place to find out whether people would like to the key to their room, in order this be acted upon where appropriate.”

Quality of care

“There is some recruitment of new staff currently taking place, and we are been mindful to have a mix of people to join the team, with a variety qualifications, skills, and experience. The staff team at the home has a variety of training which is mandatory to their role, this including Dementia Level 2, Mental Capacity and Deprivation of Liberty and Safeguarding. Staffs training is monitored closely and refresher courses booked where appropriate. Residents and relatives will be informed about this at the resident and relative meetings.

We are implementing new records for monitoring the laundry and also FIXXON buttons which are small buttons with people's names

on them that are placed in their clothing. This supports us to be able to identify peoples clothing if they become misplaced.

Some staff changes have taken place and we do have some new staff who have recently started. However, there are some staff that have worked at the home for more than 30 years. We will continue to monitor the staff turnover at the home, and continue to support and develop staff to keep them engaged as much as possible, in order they remain working with us for as long as possible. We do promote career progression and support staff to go on courses and have mentoring to support them to do this.

Residents care plans are been reviewed and updated, this including risk assessments. Where residents prefer to have a wet shave a risk assessment is completed and where appropriate they are monitored with this, to reduce any injuries. This will be discussed with staff at handovers and meetings, along with been monitored by Team Leaders and management.”

Quality of Life

“The home is registered residential dementia care home. The majority of people living at the home do have a dementia, which ranges from mild to moderate. Where possible when a pre assessment is carried out for prospective residents, we take into account their level of care need and monitor the homes dependency on a monthly basis. The dependency tool calculates the care hours we need each week, to provide appropriate care to people living in the home. We do have some residents who live with us and they don't have a dementia we ensure that people with and without dementia are stimulated and are able to go out

into the community as much as possible, some people are able to leave the home on their own.

People are encouraged to support with the running of the home and in staff interviews. We also do not have any restrictions of when people come and visit people living with us. Pets are allowed in the home and we have a policy for this, however, it would be assessed before a decision is made. We will be organising regular visits from the animal man and also encourage visitors and staff to bring in their pets where it is assessed as safe to do so.”

Activities

“The home has an activity planner in which people are encouraged to contribute to what goes on this, where people are unable to voice this we have support from relatives and friends with their life stories and use this to promote stimulating activities and conversations. The home has an iPad for people to use, this also supports with people keeping in touch with family and friends using skype. Team leaders and management will continue to drive activities on a daily basis and for all staff to be involved in this. We will also meet with residents and relatives on a regular basis and discuss what activities people want.”

Photos

Please note the images used on the front cover are stock photographs and do not represent the visit or the actual service.