



Healthwatch Central West London
Dignity Champions Visit Alan Morkill
House Care Home

October 2018



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1 Introduction

1.1 Details of visit

Details of visit:	
Service Address	Alan Morkill House 88 St Mark's Rd London W10 6BY
Service Provider	Gold Care Homes
Date and Time	6 th September, 2018, 11AM-3PM; 18 th September, 2018, 4PM-6.30PM 20 th October, 2018, 1PM-3PM
Authorised Representatives	Zivile Adulcikaite, Carena Rogers, Alik Myrianidi, Jackie Ferguson, Gaenor Holland-Williams, Donna Harris.
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1.2 Acknowledgements

Healthwatch Central West London would like to thank the Alan Morkill House Care Home, residents, relatives and staff members for their contribution toward the Enter and View program.

1.3 Disclaimer

Please note that this report relates to findings observed on the specific dates and times set out above. The Enter and View report is not a representative portrayal of the experiences of all service users and staff. It is only an account of what was observed and contributed through interviews during the restricted time of Healthwatch Central West London representatives' visits.



2 Executive Summary

Healthwatch Central West London (Healthwatch CWL) champions better standards of care in health and social care services. Its team of Dignity Champions are volunteers recruited from the local community who work to improve standards of dignity in health and social care services.

This report presents the findings of the Dignity Champions' Enter and View visit of the Alan Morkill House Care Home. The Care Home is situated in the Royal Borough of Kensington and Chelsea and is run by the private provider Golden Care Homes.

The visits follow a previous visit to the home care in June 2017 and a recent CQC inspection which rated the home "requires improvement".

The Enter and View visit to Alan Morkill was conducted as part of Healthwatch CWL's ongoing work on access to, and provision of, health and social care services in West London. Building on the previous work on Enter and View recommendations, Healthwatch CWL carried out the Enter and View visit to get a better understanding of the service provision.

3 What is Enter and View?

Healthwatch Central West London (Healthwatch CWL) works to ensure local people's voices count when it comes to shaping and improving local health and care services across the London Borough of Hammersmith and Fulham, the Royal Borough of Kensington and Chelsea and the City of Westminster.

Under Section 186 of the Health and Social Care Act 2012 Healthwatch has a statutory power to 'Enter and View' places that provide publicly funded Health and Social care services¹. This may be unannounced or through prior arrangement to view and assess a service.

Enter and View visits are carried out if people tell Healthwatch CWL there is a problem with a service or equally if the services have a good reputation - to learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Enter and View visits can be carried out if one, or a combination of the factors are identified by Healthwatch CWL:

¹ Apart from Children's Social Services



1. As a contribution to a Healthwatch CWL program work;
2. As a consequence of service user, or public feedback;
3. As a strategy to explore good practice;
4. As a method for checking the responses of a service following an earlier Enter and View visit;
5. As a response to a request or recommendation by a professional from the health or social care who has involvement in the commissioning, contracting or regulation of that service.

The Healthwatch CWL authorised representatives who carry out Enter and View visits are a group of volunteers referred to as ‘Dignity Champions’. They receive training on the Care Act 2014 and the duties and implications in the provision of care around respect and dignity, safeguarding vulnerable adults and health and safety. All the Dignity Champions have a current enhanced Disclosure and Barring Service (DBS) certificate.

When carrying out Enter and View visits, the Dignity Champions follow the 10 standards set out in the Department of Health’s ‘Dignity Challenge’:

1. Demand for services to have a zero tolerance of all forms of abuse
2. Support people with the same respect you would want for yourself or a member of your family
3. Treat each person as an individual by offering a personalised service
4. Enable people to maintain the maximum possible level of independence, choice and control
5. Listen and support people to express their needs and wants
6. Respect people’s right to privacy
7. Ensure people feel able to complain without fear of retribution
8. Engage with family members and carers as care partners
9. Assist people to maintain confidence and positive self-esteem
10. Act to alleviate people’s loneliness and isolation

Moreover, when visiting care homes, the Healthwatch Representatives check whether the assessed place delivers the service in accordance to the Independent Age 8 Care Home Quality Indicators²:

1. Have strong, visible management
2. Have staff with time and skills to do their jobs
3. Have good knowledge of each individual 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

² <https://www.independentage.org/policy-and-research/our-8-care-home-quality-indicators>

6. Ensure residents can regularly see health professionals such as GPs, dentists, opticians or chiropodists
7. Accommodate residents' personal, cultural and lifestyle needs
8. Be an open environment where feedback is actively sought and used

Healthwatch Enter and Views 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.

3.1 Purpose of Visit

All Enter and View visits must have a clear purpose identified by Healthwatch CWL to ensure effective evidence gathering and reporting. The purpose of this visit was to assess the quality of the residents' experience against the Department of Health's Dignity Standards. At our previous visit on June 2017 we made some recommendations. In this visit, we went to see if the recommendations had been taken into consideration and if changes had been made. We also wanted to hear the views of the residents and any ideas they may have for improvements.

3.2 Strategic drivers

The last CQC inspection of Alan Morkill House took place between December 2017 and January 2018. The overall rating for services was "requires improvement"³. In detail, Caring, Responsive, Effective Well-led and Safe were all rated "requires improvement". Healthwatch Central West London (HCWL) delivers an enhanced Enter and View programme every year. Several care homes have been selected to be visited as part of this programme in accordance with information received from the local public, service users, carers and monitoring authorities.

3.3 Methodology

The team of Healthwatch CWL Dignity Champions collected data using the following methods:

- The semi-announced visits were set up to be carried out on Thursday, 6th September, Wednesday, 18th September and Saturday, 20th October 2018.
- An introductory letter was sent to the Care Home Manager.
- A meeting was arranged with the Manager.
- During the meeting a member of Healthwatch staff and the Manager discussed the Enter and View visits.
- An observation check-list was devised to help the Dignity Champions to record their observations of the environment of the Care Home.
- Three different questionnaires were developed for (1) people using the service, (2) visitors to the service and (3) the staff team.



- The Healthwatch CWL representatives talked to people using the service and the staff who were willing to share their opinion. It was made clear that they could end the interview at any time.
- The majority of people using the service could let the Dignity Champions know what they thought about the service. Interviews were carried out with four members of staff; two relatives; and ten residents.
- However, a few people could not directly let Dignity Champions know their thoughts about Alan Morkill House because their ability to process information had been affected by their dementia. Dignity Champions spent some time observing interactions between staff and residents to try to get a picture of what the experience of living there was.

3.4 Summary of findings

During our visits we found that environmental improvements had been made since our last visit to make it more dementia friendly. There were a few issues, such as signage, which we discussed with the Manager. In terms of Health and Safety our findings show that Alan Morkill is in good condition with some required improvements. The quality of food was good and most of the residents we spoke with said that they enjoy it. We did not hear any complaints - however, some residents did mention that when they ask for something, staff do not do it. Care was an issue, as both residents and staff agreed that there is not enough staff to do everything. This results in, for example, some residents not seeing their GP for many months due to the shortage of staff to accompany them.

The arrangements around activities was an issue that we heard about. Although there appeared to be a broad offer of activities provided for residents, this offer did not take into consideration the variation in the residents' different abilities. A few residents mentioned that they did not like activities being compulsory, meaning that everyone must attend daily even when they do not want to.

4 Results of visit

4.1 Background

Alan Morkill House is a 49-bed residential home providing care for over 65s. It is owned by Gold Care Homes. Alan Morkill provides both residential care and dementia care.

Residents live across three floors; the ground floor consists of rooms for self-funded residential care; the second floor provides 15 beds for people with dementia and the third floor provides 14 beds for both residents with or without dementia. All



bedrooms are en suite and there is a dining area on each floor. On the ground floor there is an activity area and garden for residents.

4.2 Environment

At the time of the Enter and View visit to Alan Morkill House, Healthwatch CWL Dignity Champions made observations about the environment of the care home. Some points were raised and discussed with the deputy manager and registered manager.

- The entrance was secure, and all floors were accessible by lifts.
- The décor was in good condition on all three floors and the entrance foyer and hall were both welcoming.
- The outside space is not welcoming, and it is difficult to know which bell to ring to access the building.
- The Dignity Champions had no concerns about the hygiene and cleanliness of the home care. They did not notice any issues around odour control either.
- The floors were clean and non-slippery.
- Cupboards and store rooms were neat and tidy. The Dignity Champions noticed that cupboards were kept unlocked.
- Residents can decorate and furnish their rooms as they wish.
- The Dignity Champions thought that the signage in the care home was poor and not dementia-friendly. The manager told the Healthwatch representatives that they were waiting for new signs to arrive.
- Handrails in the corridors were dementia-friendly: they are a different colour to the walls.

4.3 Health and Safety

The Dignity Champions had some concerns that the doors to the kitchen were left unlocked and anyone could enter. This could present potential safety hazards (hot water dispenser, hobs)

- At the time of the visit, the deputy manager's office, where all care plans are stored, was kept locked.
- Medicine store rooms on all floors were locked.
- The care home has a designated wheelchair parking area that is protected by a red stripe.
- Flooring was non-slippery and in good condition.
- The public bathrooms were clean, however, the Dignity Champions noted that on the first floor there was a slight smell of urine.
- The stairwells had visible cobwebs on all floors.



- There are fire extinguishers available.
- There is a fire exit. However, on the second visit a Dignity Champion noticed a padlock on the exit door; on the third visit a Dignity Champion noticed that a fire exit was blocked by a stack of chairs.
- Two residents told us that they are not allowed to lock their doors. However, they can close it. The same residents told us that some items had been stolen from their rooms. Both residents reported it, but nothing happened.

4.4 Care

To learn about residents' experiences, the Dignity Champions spoke to ten residents.

Residents were generally happy with the staff. They felt that they were treated with respect and dignity. However, one resident told us: "Carers know how I want to be treated but they don't do it." Members of staff commented that they do not have enough time, and this is noticed by the residents.

- Residents raised some concerns about not having seen their care plans.
- A few residents complained that they are given opportunities to make decisions: "They never ask us about our opinion. They used to ask but not anymore".
- Staff told us that residents do have choices in the home.
- A resident told us that staff are nice and cheerful but do not have time to talk to him.
- At the time of the visit, the Dignity Champions witnessed the staff members responding to the people's individual needs, being approachable, responsive, attentive and listening to people.
- One resident reported that the staff do not listen. He felt that staff were "putting on a show when there are visitors".
- A resident said that he had not seen a GP for eight months because there are not enough members of staff to take him to see a GP.
- A resident mentioned that he never saw his medication prescription, so he does not know what medication he has been prescribed.

4.5 Activities

The Dignity Champions spoke to the Activities Coordinator and to residents about available activities:

- Activities are held in the dining room opposite entrance on the ground floor.
- Activities are held every afternoon at 2pm.
- A resident told us that all residents are required to attend the activities, "whether we like it or not."



- Another resident told us that he often falls asleep during the activities. He would prefer to rest in his room rather taking part in an activity.
- The Activities Coordinator confirmed that participation in activities is required from all residents.
- Two residents told us that they do not like the activities because “they are for children”. They would prefer “activities for grown-ups.”
- Another resident said that he cannot go to church because there are not enough members of staff to go with him.
- A few residents liked when they can watch movies, they also liked the selection of movies they have.
- A resident told us that he likes the activities as staff “joke with us and talk with us.”
- People participate in the activities to the extent of their abilities. Some people who do not want to participate observe other people taking part in activities.

4.6 Food

- People were provided with proper cutlery and napkins with their meals. Salt and pepper shakers and tomato sauce were placed on the table.
- The Healthwatch Representatives thought that the overall presentation of the meals was good. The food looked hot enough.
- The Dignity Champions observed six members of staff serving the residents food.
- Most of the residents we talked to said that they enjoyed the food. However, one resident told us that he had asked for a different dish, but they did not do anything about it, so he stopped asking. His daughter sometimes brings him food.
- During the meal the Dignity Champions observed a lot of interaction between staff and residents. The residents were always supervised by members of staff while they were eating.
- There is always water and juice available in the dining area.
- Residents can have fruit snacks between food time, if they wish.
- There is a glass of wine with meal, if wanted.
- Residents told the Dignity Champions that the menu changes often.
- Residents were asked a day in advance what they would like to eat.
- Residents have dinner at 5pm every day. However, the day we went to visit residents had dinner at 4pm. The Manager apologized about this but did not give any explanation as to why the meal time had been changed. Dignity Champions wondered whether the change of time happens often, as this can be confusing for people with dementia.



4.7 What works Well and What Could Be Improved

Dignity Champions asked residents what they thought worked very well at the care home and what could improve their experience at Alan Morkill House.

- Among the main things that worked well the interviewees mentioned:
 - Environment is dementia friendly
 - Activities are run daily
 - Staff are friendly
 - Food is good.

- Among the main areas for improvement the interviewees mentioned:
 - The variety of activities does not reflect the extend of abilities of all residents
 - Not enough staff
 - Residents would like to be listened to more.

5 Additional findings

Healthwatch CWL representatives talked to four members of staff to find out what they thought about the services they were delivering.

- All staff had Dementia training on 16th April 2018 and 16th May 2018.
- Each resident has a carer for all their needs.
- There is one member of staff to four residents.
- Staff had Administering Medication training on 20th Sep 2018.
- Staff are finding the work challenging mainly because they are short of staff.
- Staff are aware of the residents' complaints and understand them, but they also believe that they do their best based on the resources they have.

6 Recommendations

6.1 Comparisons with previous Healthwatch visit(s)

Since our last visit in June 2017 not many things have changed to improve the service. In the last report, we reported that staff and residents complained about there not being enough staff. In this report we received the same comments. Our recommendation in our last report suggested reviewing staffing arrangements and



consideration of using volunteers. This has not happened. In the last report the Manager and staff told us that trained volunteers would also be welcome, but we did not see any on our visit and this year staff and residents did not mention volunteers.

We also found in our previous visit that Alan Morkill does not have a routine visit from GP. We recommended to use My Way, My Care which operated in the borough to make easier access to GP services. Unfortunately, we saw in this visit that this recommendation was not taken on board as some residents have not seen their GP for months and most of the residents told us that they need to visit GP on their own.

In the previous visit Dignity Champions did not find the environment easy to navigate, especially for people with Dementia. We were happy to see in the current visit that this changed and environmental improvements have been made.

We also reported in our last visit that staff were about to receive Dementia Training from the Dementia Friends programme by Alzheimer's Society. Dignity Champions feel that this programme is not adequate for staff working with residents with Dementia. During our current visit, staff told us that they had Dementia training on 16th April and 16th May 2018. Healthwatch CLW would like to know if the training was from Dementia Friends programme or if was more advanced.

6.2 Comparisons with the most recent CQC report

The CQC undertook their visit on 21, 22 December 2017 and 5th January 2018, with the report being published on 13th March 2018. The report rated the service overall as 'required improvements' and scoring 'required improvements' in all domains.

As is commonly the case with the CQC judgements, they are based on several areas which are not the jurisdiction of Healthwatch and so our reports lead to conclusions that are not always based upon the same types of evidence. Overall, our findings mostly reflect the findings identified within the CQC report, however, we found issue with activities and religious beliefs that CQC did not identify during their inspection. CQC found that residents could attend a service once a month, but we found that this is not the case due to shortage of staff. The CQC also reported a positive reception to the activities, while our report has found more mixed feelings.

6.3 Healthwatch CWL Recommendations



By listening to people and recording their experiences, Healthwatch CWL has formulated some recommendations designed to help the management to improve residents experience.

Based on the Enter and View visit to Alan Morkill, Healthwatch CWL has the following recommendations / clarifications:

Environment

- Service provider should add a sign next to the outside bell, so people know where to ring.

Food

- Service provider should try and keep regular times for breakfast, lunch and dinner as much as possible to avoid confusion to residents with dementia.

Staffing Levels

- Service provider should review how to better manage staffing levels
- Service provider should investigate using volunteers to support staff and residents with their needs, for example, volunteers could go shopping with residents, or to church.

Activities

- Activities Coordinator should review the activities available and arrange activities appropriate for all levels of abilities.
- Service Provider to consider changing requirements for all residents to attend activities and make it optional.

GP Service

- Service Provider to consider arranging GP visits, for example link with My Way, My Care to receive more support through Case Managers.

Fire exit doors

- Service Provider to ensure that fire exit is not obstructed at any time.
- Service Provider to consider alternative safety for the fire exit as a lock can be confusing for people with Dementia.



Training

Healthwatch CWL would like to clarify what kind of training was taken on 16th April 2018 and 16th May 2018. If the training was from the Dementia Friends programme by Alzheimer’s Society CLW Healthwatch would like the service to consider an alternative and more advanced training.

As many important recommendations were not taken on board from our last visit, Healthwatch CWL would be happy to meet with the Service Provider management at Alan Morkill House to see how we can support them to make more improvements.

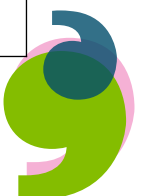
6.4 Service Provider comments

Responding to the Healthwatch CWL recommendations:

Area for Improvement	Healthwatch CWL Recommendation	Alan Morkill Response
Environment	Service provider should add a sign next to the outside bell, so people know where to ring.	<p>The issue of the building not being welcoming due to lack of instruction about how to get in has been remedied: we now have a sign that says “press me” over the right bell. I do not believe that having difficulty understanding which bell to press to enter the building is sufficient reason to consider it not welcoming. We have also ordered and received more signage for the building since the last visit.</p> <p>The signage has been improved and we now have signage directing the residents to different parts of the building and common areas.</p>
Staffing Levels	Service provider should review how to better manage staffing levels.	We apply the Isaacs & Neville dependency tool for staff. The claim made by the staff here that they are short-staffed relates to the fact that they had more staff when they were managed by the previous provider:



		since most of the staff remained working at Alan Morkill after the provider changed, they continue to compare the current staffing level with the previous one.
	Service provider should investigate using volunteers to support staff and residents with their needs, for example, volunteers could go shopping with residents, or to church.	
Activities	Activities Coordinator should review the activities available and arrange activities appropriate for all levels of abilities.	
	Service Provider to consider changing requirements for all residents to attend activities and make it optional.	<ul style="list-style-type: none"> • Activities are not compulsory. They are person-centered, and no one is compelled to attend or engage in activities. • Residents spend time in the day room and they will either choose to join in the activities or not. We have varied activities, as well as one-to-one activities, which meet the residents' individual requirements and preferences. • There are activities with residents throughout the day, but we have three main activities daily, which are not just at 14:00 hours, as stated earlier. Residents can be encouraged to attend activities for their social stimulation, but it is not made compulsory. • I would assume that the responder might have had the individual



		<p>understanding that activities are essential for every resident, and the context in which they provided this opinion may have been misunderstood.</p>
GP Service	<p>Service Provider to consider arranging GP visits, for example link with My Way, My Care to receive more support through Case Managers.</p>	<ul style="list-style-type: none"> • We ensure that the residents all attend medical appointments. This is evidenced in their Care Plan folder, under the Professional Visits records. • There are no residents that do not see the GP if they require a visit. • Alan Morkill House is already working with “My Care, My Way” and this was not verified from the home manager during these visits.
Fire exit doors	<ul style="list-style-type: none"> • Service Provider to ensure that fire exit is not obstructed at any time. • Service Provider to consider alternative safety for the fire exit as a lock can be confusing for people with Dementia. 	<p>The health and safety issue relating to the exit door is misrepresented and this door is not a fire exit door, it used to be a changing room next to the staff room but following this draft report, this area has been cleared,</p>

Other Service Provider comments

(responding to other comments from the wider report)

<p>Other (responding to the comments about missing items in the report)</p>	<p>I would like to clarify that if any residents make a request to lock their doors, this is respected, and we do not ask for them to close their doors. We have up to 10 residents in the building that close their doors. I am not aware of any reports of missing items from any of the residents’ rooms and if they are reported, they are</p>
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	<p>taken seriously and dealt with promptly.</p>
<p>Other (responding to the comments about prescriptions in the report)</p>	<p>Most of the residents rely on trained and competent staff to request their prescription and to administer their medication, as well as to request review of their medication on their behalf. This could be the reason for the patients saying that they have not seen their prescription.</p>