

### Holcroft House Dignity Review

Guy Van Dichele, Executive Director, invited me to complete a short assignment looking at dignity in care at Holcroft House, to gain a better understanding of any potential dignity issues, given the known physical limitations of the building.

Holcroft House is the only remaining council owned residential dementia care home in Southampton, it is situated in Thornhill and many of the residents had lived locally prior to moving there. Holcroft House is a ground level building that can accommodate up to 34 people but given the pending improvement works, capacity is being held to 23/24 residents. There are three units, one with the main kitchen, lounge and conservatory area and another with a smaller kitchen and lounge. In the centre of this is a sizeable accessible garden.

Current CQC require all new purpose-built care homes to include ensuite facilities, obviously this does not apply to Holcroft House as it is an older building. Given the age of the building there are no ensuite bathrooms.

At the last CQC inspection in February 2021 and review in June 2022 the care home was rated as Good with outstanding leadership, "A well led service, great vision with people at the heart of the service."

In 2019 it was proposed that Holcroft House should close, this was met with an intense local campaign and a reversal of the decision and reprieve.

### Scope of the Review

Dean Samber, Vernon Nosal and I agreed the scope of the review on April 27<sup>th</sup> 2022;

- Ensure statutory annual reviews have been completed on all 23 permanent residents, so that we are clear about the current/future needs, using strength based and Dignity in Care principles.
- Establish what we can learn from the review process in terms of dignity issues and how to maximise use of the facility.

The Care Act 2014 defines the primary responsibility of Local Authorities as the promotion of individual "wellbeing". Wellbeing is a broad concept relating to a number of factors including, personal dignity, treating a person with respect. SCIE emphasis that "the small things matter".

During this review, I have sought to consider those "smaller things" that preserve the resident's self-esteem and dignity.

### **Methodology**

I met with Louise Ryan, Locality Service Manager, Anna Ridolfo, Review and Flexible Response Team Manager and Kate Jenkins, senior practitioner to identify the outstanding annual statutory reviews. I have continued to work closely with Kate Jenkins throughout the life of this assignment.

I read the background information on Care Director of the 23 residents and identified with the Review and Response Team that there were 6 outstanding statutory annual reviews, which I have complete. Several other cases required longer term input from either the Hospital Discharge or locality teams and they were duly allocated.

I agreed with Emma Berry, Team Manager DoLS Service that I would undertake the required best interest conversations with residents and relatives about the pending improvement works, which will require residents to temporarily move from their existing bedrooms while their rooms are redecorated. Those conversations have been recorded on the personal files at Holcroft House. This also gave me an opportunity to speak with residents and relatives about broader dignity issues.

Relative engagement was very positive, and I have included some of their comments in this report.

I visited Holcroft House 5 times and at various times of day. I have spoken at length with Michelle Fellowes (Registered Manager) and Teresa Banks (Assistant Manager). I was introduced to the staff, and they were invited to talk with me, several of those staff members have been involved in the statutory reviews and best interest conversations alongside me.

Throughout this review I have had regular meetings with Dean and Michelle.

### **Complaints and Comments**

There have been no recent formal complaints around dignity issues and relatives told me that if concerns do arise, they always seek a quick resolution in direct discussion with the care team.

### **The Staff Team**

Michelle Fellowes is the registered manager. Staff levels are generally good and there are a core group of staff who have transferred over to work in Holcroft House following the closure of other council owned care homes. Many of the residents were well known to them prior to moving into Holcroft House on a permanent basis.

When fully staffed there are 59 posts, there are currently 4 vacancies. Recent recruitment has proved to be problematic, some staff do not stay long, generally for personal reason or promotion opportunities and it appears it is often easier to recruit part time staff who are also able to receive benefits.

There are generally, two team leaders, one senior carer and six care staff on duty during the day and one team leader and three care staff during the night alongside ancillary staff and the deputy or manager.

Michelle and Dean think the staff group function well together and there was certainly evidence of sensitive, respectful teamworking during my visits.

During this review, staff were making preparations for the Jubilee Platinum celebrations. I observed their attention to detail and a sense of involvement and excitement in doing this. With a very pro-active activities co-ordinator, they worked alongside those residents who chose to get involved and volunteering family members. The garden was tidied up and transformed into a really pleasant sitting area, food menus were developed that would encourage reminiscence, pictures, posters and memorabilia were clearly visible.

#### **Wellbeing and moral of staff**

When thinking about the wellbeing of residents it was important to have oversight of the moral amongst the care givers.

I think it is fair to say that staff were concerned by my involvement and wondered if it is a precursor to conversations about closure. Some staff members believe Holcroft House was only given a reprieve for 4 years (although there has never been an official statement) and that a review and political decision is due, that clearly impacts upon their moral and sense of job security.

The staff group clearly recognise in an older building that is not entirely fit for purpose that ongoing questions will arise about its suitability to remain open. While this is a committed staff group there is a continued speculation and nagging doubt about the future.

#### **Findings with regards to Dignity in Care Principles**

There is an identified dignity champion in the staff group.

#### **Choice and Control**

Examples of this were demonstrated in the care plans, where information (usually gathered by Holcroft House staff) provided an insight into each resident's life story, family, interests/hobbies acknowledging religious, cultural traditions and topics to support ongoing conversation, their likes and dislikes. Internal care plans are more person centred than the majority of statutory reviews I read, most of which have been completed without goal setting. The care plans reflect a knowledge base of information that has been built up over time.

This knowledge clearly transfers into the support given by the care staff, allowing opportunities for residents to make their own decisions about how they spend their time, whether it's in the communal areas or in the privacy of their own rooms, how they are dressed and the activities they may wish to be involved in.

All bedrooms have personal items in them, pieces of furniture, lamps, ornaments, photographs and residents are encouraged to have familiar belongings around them which inevitably triggers a conversation when you enter the room.

Residents and relatives alike are excited at the prospect of the bedrooms being decorated and some have been involved in choosing colours schemes.

I observed some residents nursing dolls. There are a couple of budgies in a communal area, one of the residents has a keen interest in two finches he keeps in his room. I also observed visiting family dogs, some of whom residents had to give up when they moved into residential care, contact with trusted family pets is actively encouraged.

### **Communication**

The staff I spoke with felt the one thing they don't have adequate time for is to sit and talk /reminisce with residents.

The care plans contain information about how the resident communicates and likes to be communicated with. Michelle confirmed that this is influenced by the dependency levels of residents on each shift.

Many of the residents choose not to be actively involved in any activities, some like to people watch in communal areas, others enjoy conversations with staff rather than other residents. I observed staff being kind and considerate in their exchanges with residents and during the statutory review meetings staff members were certainly familiar with the resident we were discussing.

Wherever possible residents are supported to communicate with families who are unable to visit and relatives spoke highly of the commitment of staff to ensure they were able to stay in touch during the pandemic.

The lack of WiFi in the building will be resolved during the improvements work and may encourage some residents to use digital technology.

There are bi-monthly residents meetings which generally 50% of residents attend, main topic of conversation tends to be around the food menus. These meetings have minutes, recommendations are actioned and copies of the minutes sit on the notice board outside of the reception office for any relative/visitor to read.

There is a lot of information on the main notice board and others around the building promoting activities and events.

Relatives consistently told me that the communication with staff is good, they are confident any issues they raise will be dealt with quickly and effectively.

### **Nutrition and Hydration**

Care plans contain specific information about each individual and SLT risk assessments are appropriately in place.

There is a central kitchen and chef and another lounge with a smaller kitchen on the opposite side of the building. Everyone is encouraged to choose from a varied menu and residents have the choice whether to eat communally or in their bedrooms.

Appropriate crockery and utensils are in place for each resident to encourage as much independence for as long as possible, staff also support to feed residents as needed.

Fluid intake is monitored for each resident and there are juice bars in the building.

Residents are weighed on a monthly basis.

Relatives and friends are encouraged to come in and eat with their loved one, special events and gatherings can be catered for in the conservatory.

An issue arose on one of the statutory annual reviews regarding a family's concern about the resident's significant weight gain during the Covid restrictions and why this had happened. This is now being addressed.

### **Pain Management**

Residents care plans reflect the identification of pain and pain management and the residents pain threshold.

Staff are vigilant and closely monitor resident's habits, gestures and postures which help them identify if a resident is not able to verbalise either their physical or emotional pain.

Some residents enjoy the benefits of massage and moisturising, and others are encouraged to follow an exercise programme (often developed by a physiotherapist).

Medication plans are constantly under review and staff receive a daily telephone call from one of the local GP practices where they are able to discuss medication and pain management issues for those residents who are registered at that practice. Staff find this really beneficial.

There is a close working relationship with district nurses who operate a hub from Holcroft House and the Living Well GP Partnership, so any concerns can be addressed with them in the first instance.

### **Personal Care**

It is widely researched and documented that personal hygiene, toilet and continence needs can pose complex issues when working with adults with dementia.

Personal hygiene needs and personal preferences are clearly documented on the resident's care plans.

Each room has a wash hand basin where residents are encouraged to have a strip wash. Access to a shower or bath is limited because of the lack of these facilities. Wherever possible residents are encouraged to have a bath or shower (whichever is their preference) at least once a week. In conversations with some residents and relatives they said that they would like to have access to a bath or shower more frequently. Staff do their best to accommodate these wishes.

Overall, the residents are well presented. There is a hair dressing salon on site and regular chiropody visits. Many of the women chose to wear nail varnish which looked good and well-tended. A couple of the male residents told me they are supported to shave in the way they prefer.

Residents are actively encouraged to choose what they wear. There are very few instances of their personal clothing going missing or misplaced in another resident's room.

Some residents resist personal care and at times staff step aside when there are signs of aggression, care plans clearly document how to manage and encourage those residents to tend to their personal hygiene needs. At one of the statutory reviews a relative commented that his parents personal care has been "transformed" after years of self - neglect.

### **Access to the toilet and continence.**

The majority of residents are deemed to be incontinent of either urine or faeces or both. Wherever possible they are encouraged to access the toilet during the day and the commode in their room during the night. Michelle confirmed that the majority of residents are too sleepy at night to want to walk to the toilet.

It is evident that some residents are anxious about accessing a toilet on a regular basis, others are noted at being embarrassed about their continence issues and some are clearly uncomfortable with and regularly attempt to remove their pads. On occasion male residents will urinate in the bath thinking it is a urinal.

The toilet facilities are inadequate at Holcroft. There two toilets that have limited access and require the resident to toilet independently. In previous years plans have been considered to increase more accessible toilet facilities but practicalities of space seem to have thwarted this.

Continence assessments are only accepted by the NHS continence service once a resident becomes permanent. The assessments are completed by staff, sent to the continence service and reviewed by a continence nurse. Staff can access the service for more specific advice if they have concerns. Continence pads are then issued accordingly, and each resident is provided with three pads a day, if more than three pads are required these have to be privately funded. If a resident has a preference for pull up pants they have to be privately funded.

I have discussed the impact of the lack of facilities with Dean and Michelle and queried if staff are confident that residents are wearing the most appropriate and comfortable options. Both commented that staff are trying to preserve the resident's dignity in not ideal circumstances and potentially some residents may be able to have more control and independence with their toileting needs if they had easier, more convenient access to bathroom facilities.

There are currently 16 residents who have pads prescribed by the continence service and two residents whose relatives fund pull up pants.

Supplies are ordered on a three -monthly basis and the continence service undertakes an annual review.

Michelle confirmed that there has never been a situation where a damp pad has been reused on a resident and that they have been able to ensure there is a limited surplus supply.

During the night there are armchair style commodes in every bedroom that residents can use, which some staff commented is not the most "dignified" piece of equipment.

In most instances when a resident has a toileting "accident/mishap" they will be supported to have an immediate strip wash rather than a shower or bath.

In conversation with some relatives, they said they think the use of commodes is "archaic" but there is no alternative option at Holcroft House. Relatives believe the quality of care overrides the lack of ensuite facilities, in at least two examples relatives had moved their loved ones from other care homes where they did have ensuites to Holcroft House because of the quality of care it can offer.

There is no question that the lack of accessible toilet facilities is a dignity issue.

### **Practical Assistance**

Wherever possible residents are encouraged to retain as much independence for themselves, whether that is combing their hair, choosing what they wear, tidying up their bedroom, walking down the corridor alongside them

The housekeeping staff ensure Holcroft House is kept clean, and many relatives commented on the fact that there is no odour when you walk into the building.

### **Privacy**

Residents are able to access their own bedrooms as they wish and close the door, some relatives expressed concern that other residents wander into their loved one's rooms from time to time and appreciate this can be difficult to prevent.

Dignity screens are used appropriately.

There is a married couple who have share a bedroom and another room has been made into a sitting room which offers them some additional space and privacy.

Some residents choose to eat alone in their room, this is totally acceptable.

I witnessed staff knocking on resident's doors before entering.

If residents have visitors they often choose to sit in their bedroom, conservatory, garden or the small sitting areas around the home with their guests.

Wherever possible residents are encouraged to open their personal mail, staff are mindful that receiving a bill may be unsettling for residents so there is close liaison with relatives and representatives.

### **Social Inclusion**

There is a popular activities co-ordinator who has recently returned to work after a period of sickness, in his absence his assistance has been very proactive at keeping an activities programme going, especially the organisation and preparation of the Platinum Jubilee.

There are a range of group activities timetabled by popular demand and there is the flexibility to support individual interests as requested e.g. there is a regular pub night with music and dancing, wheelie library, numerous art and craft activities, movie watching. Residents are encouraged but not pressurised to join activities, some like to watch



from the side-lines and others not to engage at all. Some have individual preferences like puzzles etc that they do in the privacy of their own room.

Some of the residents I spoke to have really enjoyed the Mobii projector, but it seems some staff are not confident in using it and they have been waiting for the return of the activities co-ordinator. Michelle commented that one of the carers has been able to demonstrate its use to other members of staff.

There are a number of relatives who volunteer, and they are really engaged in interacting with residents.

Bringing in external entertainers was not feasible during Covid restrictions, but these will be reinstated by popular demand.

Some residents have lost confidence in venturing out and although transport has been available it was not used for outings during the pandemic. This will now be rectified as staff will have access to a council vehicle in the evenings and at weekends, Michelle wants to encourage more spontaneous trips out into the local community. The activities co-ordinator is the only member of staff with a minibus licence, so this will need to be addressed.

I have spoken with relatives who are increasingly taking their loved ones out, to their homes, into the community and re-establishing the activities they regularly used to do.

Family and friends are actively encouraged to come and visit residents, where this is not possible every means is made to ensure people remain in touch by phone, video calls.

In terms of friendship bonds there are three residents who have a strong attachment to each other.

### **Conclusion**

Any immediate issues that arose around individual residents during my review have been discussed and addressed with the staff group.

Many of the residents were placed at Holcroft House with a lack of strength based information in their assessments, without excusing it, this may be the result of a speedy transfer from the community or hospital. I have also evidenced delays in reviews following the discharge to assess pathway, which may impede on the person's dignity and ability to return to their home in a timely way. This also impacts on the quality of care the staff group feel they can offer as they are not a rehabilitation facility and it affects their moral to watch a temporary resident deteriorate and then move into a permanent placement.

At times, 1-1 funding is sought for residents who have been inappropriately placed and felt to be injurious to the longer terms needs of the resident.

Some of the statutory reviews I read clearly offer a strength- based assessment of the resident but the majority did not and there was no evidence of goal setting, although it is evident that staff at Holcroft House encourage the residents to retain as many independence skills for as long as possible.

In terms of resident's dignity, my main concern is the lack of toilet and bathroom facilities and the potential impact this has on both physical and mental health.

With regards to maximising the use of the building, as mentioned earlier, there are natural limitations because of its age and the lack of modern amenities. I am also advised that it is a costly building to maintain. The briefing paper to Cllr Fielker in September 2020 ,offered some potential models for consideration.

Michelle would ideally like to be offered a building totally fit for purpose so that she and her team can fully demonstrate how to provide an outstanding service to the residents.

### **Recommendations**

- 1) Ensure there are sufficient staff holding a licence to drive the minibus, so that residents are able to have both planned and impromptu visits into the community.
- 2) Ensure staff are confident to use the Mobii projector so that it has maximum usage.
- 3) A means of improving the communication and the referral process between Holcroft House staff and the locality /Hospital Discharge Team, would it be possible to consider a named link person in the locality, so that identified concerns around delays in assessments can be flagged.
- 4) Discussion on the proposals and plans for the future use of Holcroft House with Dean, Michelle and the staff group

Debbie Nicholson,

Independent Reviewer, July 5<sup>TH</sup> 2022.

