

TALES OF THE UN-INSPECTED HOME NUMBER TWO, BY EILEEN CHUBB.

Dear Mr Snell,

I recently visited.....home number two, these are my observations, I entered the home at 12.10 and was immediately struck by an overpowering smell of urine. I was shown around the home by a receptionist who was very pleasant. There were few other people in the reception area, one member of staff doing paperwork and two residents.

We went to the first floor in the lift, there was a staff member in the hallway shampooing the carpet, I was told this was a cleaner. I saw three other members of staff as we walked around the unit, two were wearing uniforms and I was told these were care staff. I asked about the third staff member and was told they had no uniform as they had just started work and their uniform had not yet arrived, I noted this carer was working alone. I also noted that all three of the staff I saw looked rushed of their feet as they went about what I consider to be cleaning duties.

The overpowering smell of urine was present throughout the whole home. I was told activities were taking place in the lounge, eight residents were present, two in wheelchairs and four with walking frames. I was concerned to see one of the wheelchair users was situated in the centre of the room and was in a state of stupor to such a degree that she had slumped so far forward in the wheelchair that she was bent double. I was concerned that her breathing would be affected and was told when I raised this that staff would attend to her. However I pointed this out again when we left the unit some fifteen minutes later.

With regard to the activities, the organizer seemed very pleasant but the activities taking place consisted of her talking to individual residents and whilst this at least was some stimulation the care staff would have been able to do this routinely had they not been engaged with cleaning duties. Chatting with residents could hardly be considered a formal activity but just a routine part of a carers duties.

We went up to the second floor, as we passed by an open bedroom door I saw a resident who was fully dressed but who looked unkempt laying on top of his bed, there was a markedly stronger smell of urine from this room and it was evident that this resident needed care.

We passed by another room and I saw a resident in bed, they appeared very unwell and I was told they were bedridden, I saw several residents walking around who were very unsteady and could not stand but for the frames they used. We passed by a lounge and I looked in and saw two residents, one was asleep and the other who was sat behind the door was awake and clearly distressed as she had slid so far down the chair her back was in contact with the base of the chair and her head had been pushed forward due to the position of her head being at a right angle where the seat of the chair meets the back. Beside this resident two untouched cups of what looked like a milky drink of some kind had been placed on a side table, both had a thick congealed skin on the surface. I asked if the staff would attend the lady and was assured they would. The only two staff I saw were those I had seen on the first floor and who were now continuing their cleaning duties on the second floor.

I noticed the balcony areas that led from the lounges and that there was a large gap at the bottom of these as well as the risk of leaning too far over the rail, I said it was very possible my relative would try to get out of the building and could easily fall as due to his dementia he had no awareness of possible risks. I was assured mesh was to be placed over all the balconies very soon and that residents were

supervised if they wished to sit outside. However I thought this very unlikely as residents were not supervised inside never mind outside and a window was wide open which gave access to the balconies and the door could have been easily opened.

I asked for information about the home and was given a pack which was totally misleading with regard to the actual care that was provided in reality, this pack included a DVD which featured some very articulate elderly people saying how well they were treated, however it did not specify where they were living.

The most recent CSCI inspection report available for this home is dated 31st of August 2007, My most serious concern relates to the following incidents recorded in this report,

1. Relatives have complained about low staffing levels,
2. A number of residents are smoking in their bedrooms and there has been one fire since the last inspection.
3. As the result of a relative complaining about the lift not working for over a month, and a past history of breakdowns, a major review of fire safety procedures has taken place.

I note the fact that a relative, not a CSCI inspection has highlighted such a serious situation. If you put lack of staff, a proven fire hazard and the number of residents who would need assistance together then you have a tragedy waiting to happen. For in spite of these new safety procedures it would not be possible to evacuate the home in time for the following reasons,

Each of the wheelchair users on the upper floors would require two staff members to lift them onto the sheets and carry them down the stairs and return and do the same for all four wheelchair users in turn, that leaves those people who are bed ridden and immobile waiting for help, there were a high number of people who could not walk without frames and who would need two staff members to take them down the stairs, a simple head count of staff tells me this would be impossible. The risk is even higher at night, I asked how many night staff were on duty and was told about three, even if you doubled that number still most of those residents would not make it out of the building. The dependency levels in the home are clearly much higher than the home can meet, however this is ignored and so is the avoidable risk and should a fire occur in these circumstances those with prior knowledge should be charged with manslaughter.

The inspection requirements state,

19. Residents live in a SAFE well maintained environment.
24. Residents live in SAFE comfortable bedrooms with their own possessions around them.
25. Residents live in SAFE comfortable surroundings.

Mr Snell I have to ask what your inspectors idea of SAFE is as this home is rated as "Good" No shortfalls at all, well it would be no shortfalls if you thought that falling to your death from an upper floor balcony, burning to death, or sliding so far down your chair unobserved that you can not breathe is SAFE, It is most certainly not my idea of SAFE. The fact that this can be considered good says it all about your inspections.

But this inspection report is a joke from start to end and I could take it apart line by line, for example the home is commended as "Excellent" for its glossy brochure, which is a work of fiction compared to the reality in the home.

Then the inspectors is told by the GP that visits the home that in his opinion " individual residents with dementia require nursing home or hospital care" This is ignored as the care home assessments say these residents do not need such care, yet the glossy brochure gives people sufficient information to make an informed choice!

Relatives tell the inspector , they have found their relative sitting in urine soaked clothing, staff are nice but not enough of them, that they have seen residents calling out for help and no one comes, that they have repeatedly raised concerns,

To top that the inspector notes that, there is a lack of care notes across the whole home, a lack of clarity in record keeping, key workers recorded for residents who no longer work at the home, a resident who fell not monitored for head injury nor medical assistance sought, a resident at risk of choking had an undated dietary assessment, lack of fluid charts where a need for such was identified, two care staff gave conflicting information about residents being bathed, the care plans had no where to record pressure sore management, incorrect details for next of kin recorded, lack of risk assessments, complaints residents were not bathed, lack of communication between staff and relatives and management, no weighing equipment for residents who can not weight bear, the failures in this one section alone are too numerous to list here, but of the five requirements judged, two were rated minor shortfalls and three were rated no shortfalls at all.

ACTIVITIES.

The report notes that some residents want more activities, a health professional who visits the home said that " Residents in the home were bored and depressed " But a notice on the wall says that various activities take place across the home. The notice on the wall is believed as this area is judged to have minor shortfalls.

These are just some of the glaring inconsistency's in your inspection report, I only spent an hour in this home and I do not have the privileged access your inspectors have, however given the limitations I am sure you will agree that what I observed is cause for concern and that you will look into this matter and take urgent action to ensure the safety of those residents. Due to your past record on safety issues I feel duty bound to send a copy of this report to the fire brigade who have not been given the correct information about the number of residents on the upper floors who would be unable to walk down the stairs without the assistance of two staff.

I left the home and spent some time outside writing my notes and saw a visitor approach the home, I tactfully approached them and asked what they thought of the care provided to their relative, they provided the below statement.

I work away and am unable to visit the home as much as I would like and worry about my relative. My relative has been in the home for over a year, they are incontinent and their bedroom always smells very strongly of urine and the room is not clean generally.

The bedspread is soiled with urine and they can not access the call bell so they have to shout out, what happens is no one hears.

There seems to be a shortage of carers, only met one the last time I was here and she was sitting in the lounge reading a magazine. I asked her to take my relative to the toilet, which she did but she would not have heard them calling from that distance and again there would have been an accident, which I believe is part of the incontinence problem.

My relatives nails are always dirty, uncut and hair matted, I understand my relative may not always be cooperative but there must be a way to care for them. The last time I was here their shoe had a strap which was broken and could easily have tripped them up as they struggle to walk anyway, sometimes they are not wearing any shoes at all.

The home seems shabby in places but the dinning room always looks nice with flowers on the table and nicely laid, my relative says the food is good and the carers are kind but they are so grateful for any small kindness they would never complain. It upsets me when I see other residents left slumped in wheelchairs in the lounge with no one to care for them.

My general impression is that the carers do their best but there needs to be more understanding of the residents needs especially the ones with dementia and other illness's and there needs to be more of them.

On my visits I never see my relative with a carer and I do not like to ask too much for fear of causing any unpleasantness for my relative who is very vulnerable, I do wonder how well the home is staffed at night and what would happen in any sort of emergency.

UPDATE ON HOME NUMBER ONE.

We recieved a letter from CSCI on JULY 1st, unfortunately MR Snell has passed our concerns to Mike Rourke, who has the interesting title of Business Director, I wonder what Business has to do with safegurding the vulnerable, it makes it sound like I have reported a drop in profits and not concerns about care, it will be interesting to see what takes precedence when push comes to shove, business or care. We will keep you updated.