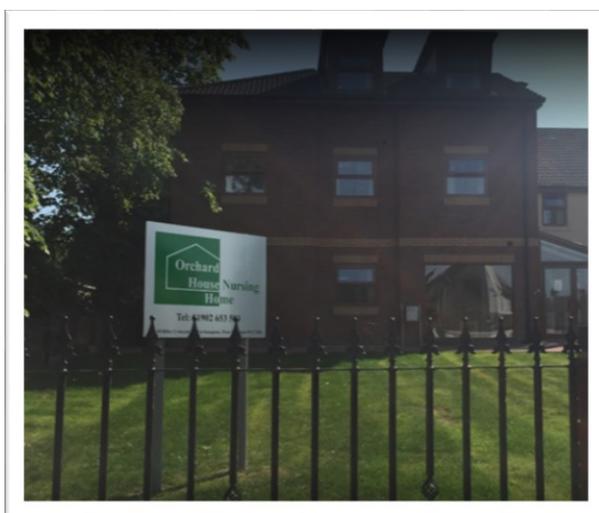


ENTER AND VIEW
Unannounced Visit
Orchard House Nursing Home
28 February 2017



Part of the Healthwatch Wolverhampton remit is to carry out Enter and View visits. Healthwatch Wolverhampton Authorised Representatives will carry out these visits to health and social care premises to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows 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. Healthwatch Wolverhampton Enter and View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with Healthwatch Wolverhampton safeguarding policy, the service manager will be informed and the visit will end. The Local Authority Safeguarding Team will also be informed.

Provider Details

Name: Orchard House Nursing Home
Address: Riley Crescent, Wolverhampton, WV3 7DS
Manager: Ruth Butler
Date of Visit: 28 February 2017

Name	Role
Dana Tooby	Authorised Representative (Lead)
Tracy Cresswell	Authorised Representative
Elizabeth Learoyd	Authorised Representative
Marlene Lambeth	Authorised Representative

Purpose of Re-Visit:

- Social workers are having problems accessing service-users. There have been no safeguarding concerns raised since 2015. There are currently eight open assault cases for the home and the police are meeting with management regarding this.
- Healthwatch is to query Mental Capacity assessments, in particular how long people are waiting for them as it is reported no one is doing them.

To see if recommendations to the provider have been put in place since the last visit:

- Orchard House should consider the colour scheme and décor of the large communal areas to be made more dementia friendly.
- Consider having the comments/suggestion box in a more prominent position within the entrance lobby.
- Review the process for communicating with relatives should any changes to visiting times be deemed necessary.
- Remind staff of the need to be respectful and treat residents with dignity at all times.
- Ensure that staff receive visitors warmly especially when they present themselves at the Reception area.

Acknowledgements:

Healthwatch Wolverhampton would like to thank the Home Manager, the residents, visitors, relatives and the staff for their co-operation during the visit.

1.0 Physical Environment

External

- 1.1 The front of the Home and outside access looked well-maintained with a disabled access ramp to the front. The car park was easy to access.
- 1.2 A wall mounted ashtray was completely full and overflowing.

Internal

Reception/Lobby/Waiting room

- 1.3 The signing in book was situated in a small alcove immediately facing the entrance door; it had wall mounted hand gel, a small leaflet rack and small wall-mounted Comments and Suggestions box.
- 1.4 A notice by the signing in book asked visitors to wash their hands.
- 1.5 In the lobby/reception/waiting area there was a station for staff to sign-in, a large notice board with Health & Safety and other information and a visitor toilet that was observed to be clean.
- 1.6 There was a large piece of art work on the wall- a Dignity tree- with handwritten comments about treating residents with care, dignity and respect.
- 1.7 A large bouquet of flowers was on the window sill.
- 1.8 This area was observed to be clean, fresh and welcoming with no unpleasant odours.
- 1.9 There was a hoist in the Reception area that had an 'out of order' sign on it.
- 1.10 On entry to the building the sound of piano music could be heard coming from the next room.

Internal rooms

- 1.11 The whole of the interior of the building was painted in a neutral tone which gave it a 'clinical' feeling however it was clean and fresh-looking.
- 1.12 The building has two stories and is divided into zones; each has seating and a kitchenette.
- 1.13 All bedrooms are single with en-suite facilities.
- 1.14 The on-site laundry room operates throughout the day and until 11:00pm in the evening.

Lounge Two

- 1.15 A large room painted with a neutral tone, it smelt fresh with no unpleasant odours. The room was warm and looked clean and tidy.
- 1.16 There was a large wall mounted clock that was easily visible for all residents.
- 1.17 There were wall mounted notice-boards around the room: one had a weather day chart that was still listed as 10th February. Another showed details of a trip to Blackpool that some of the residents had been. The notice boards looked a bit tired and could have benefitted with an update/refresh.

Quiet rooms

- 1.18 The rooms were clean and tidy but were not 'cosy' and felt cold even though the heating was on.

Showers and bathrooms

- 1.19 Located on each floor, these were very clean.

Landing, stairs and lift

- 1.20 These were all clean and clutter-free.

2.0 Staff Numbers

- 2.1 We were told that 25 staff were on duty during the day: 3 Nurses, 1 Activity Co-ordinator, 1 Head of Care and 25 Carers, 4-6 Domestic staff, 1 Maintenance worker, 1 Administrator, 3 Managers and 4 Catering staff.
- 2.2 At night 2 nurses and 11 carers would be on duty. The laundry finishes at 11:00pm and Maintenance are on call.
- 2.3 During our visit several members of staff were attending an on-site training session.

3.0 Agency Usage

We were told that neither Agency or Bank staff were used.

4.0 Resident Experiences and Observations

- 4.1 A resident stated "*I'm given every opportunity to relax here.*"
- 4.2 A resident stated, "*I love it here.*"
- 4.3 A long-term resident said, "I like the English menu, there is no sheet, I just go to the counter and choose what I want." "There is plenty of tea, coffee and cold drinks," "My brother comes to take me out around the estate," "I have just moved rooms." "There are activities if I want to take part in but I like to sit in my room in the quiet."

5.0 Family and Visitor Experiences and Observations

- 5.1 Relative 1 stated, "I am very happy with Mum's care. The staff are wonderful. Mum has complex needs and they look after her very well. I think it really is a good home for her." "If I have a query or question, I can go and talk with the Manager without any problems." "The staff offer me drinks when I visit, but I know I can go and make my own and get one for Mum too."
- 5.2 Relative 2 stated, "They let me know what my husband has been doing when I am not here and are good at keeping me informed at all times as I would rather know what he has been doing."

6.0 Catering Services

- 6.1 We were told that food is cooked on-site; there are 2 Cooks and 1 assistant.
- 6.2 There are two sittings in the dining room at breakfast, dinner, tea and supper and there is a meal list. The list is monitored to ensure that everyone has eaten. Care books record fluid and diet intake for individual residents too.
- 6.3 We were told that there are kitchenettes in each of the zoned areas where residents and family members can make their own drinks and small snacks such as scones, soup and sandwiches.
- 6.4 We were told that special diets and cultural needs are catered for and that there were currently no residents with gluten intolerance.

Lounge 2

- 6.5 Resident 1 said, "*The food is nice.*"
- 6.6 Resident 2 said, "*I get lots of biscuits.*"
- 6.7 A relative said, "*I don't know what the meals are like as they have protected meal times so I leave before the meal times begin.*"

7.0 Staff Experiences and Observations

- 7.1 One Staff Member said, *“We try to do lots of different activities here, sometimes involving colouring or music. Today we are having pancakes to celebrate Shrove Tuesday.”*
- 7.2 A staff member said, *“We are given lots of training. I have had falls prevention training recently. NVQ level 2 is available and they sign up staff so we all complete NVQ level 2.”*
- 7.3 A staff member said, *“When we come into work we start 15 minutes early and go to the Nurses Station so that we can have a handover meeting.”*
- 7.4 A staff member said, *“I really enjoy the job”* and went on to say that *“some staff were encouraged to do nursing qualifications.” “There is a high staff turn-over, but this is across all the Care sector- not just this Home.”*

8.0 Summary, Comments and Further Observations

- 8.1 This Enter and View visit was unannounced and took place on 28 February 2017.
- 8.2 Orchard House Nursing Home is registered to provide accommodation with nursing and personal care for up to 72 people who have mental health needs or who have been diagnosed with Dementia.
- 8.3 At the time of the inspection there were 69 people living at the home.
- 8.4 Access is through a Reception/Lobby/Waiting area that has a visitor toilet and signing in station.
- 8.5 There are zones within the home; each has a kitchen and is accessed using a keypad entry. Visitors and some of the residents are given the code.
- 8.6 On arrival at the Home we were greeted in a friendly manner by a member of staff who asked us to sign in and wash our hands whilst she informed the Manager of our arrival.
- 8.7 The Manager introduced herself took time to familiarise herself with our names. She was friendly and welcoming. She explained that her background was as a Mental Health Nurse.
- 8.8 We gave the Manager the Healthwatch letter and explained that it was anticipated that the visit would take less than an hour as it was a re-visit with specific areas to address. The Manager recalled that a previous Enter and View visit had taken place and said that she understood the role of Healthwatch.
- 8.9 We were told that no fire drill was planned and then asked how we wanted the visit to proceed.

- 8.10 We were told that many of the residents presented with challenging behaviour therefore Authorised Representatives would be assigned a guide for personal safety rather than to be obstructive.
- 8.11 The Authorised Representatives were escorted to various parts of the building and the Lead Authorised Representative accompanied the manager to the main office to get background information and discuss progress made against the recommendations from the previous Enter and View visit.
- 8.12 We were told that there was free travel through the zoned areas; family members and some of the residents are given the codes to access different zones and the kitchenettes.
- 8.13 We were told when residents are given a permanent place at the Home they are generally discharged from the care of a Social Worker. Although most residents do not fall under the Social Service remit reviews are undertaken on annual basis with a Social worker present.
- 8.14 We were told that most of the residents presented with challenging behaviour and many of the family members had been unable to find a home that would accept them. Following an assessment of their behaviour, management would then decide whether or not they met the criteria for DoLS. Currently 45 of the 69 residents meet these criteria. We were shown an online DoLS database indicating the different stages of the referral process that each of the residents was at.
- 8.15 We were told that all staff undertake mandatory training that is audited every 6 months. Many staff were working towards NVQ level 3 and almost 100% of the staff had completed Falls Prevention and Manual Handling. We were shown the online training matrix to support this.
- 8.16 We were told that family members of new residents are given an introductory welcome letter and pack including relevant documentation i.e. copy of the Care Plan, Thinking Ahead documents, bedrail authorisation, clinical photography form etc.
- 8.17 We were told that there was a robust complaints procedure with most issues being dealt with almost immediately by the Manager and written feedback always being given to family members. In the event that the Manager is unable to resolve the problem it is referred to the Commissioner.
- 8.18 We were told that the Manager was anxious to identify and address issues and encouraged residents and family members to discuss any concerns with her. We were shown an online database of complaints, timelines and outcomes. We discussed ways for those who might be too afraid to raise issues or concerns because they feared possible implications i.e. that it might impact on the quality of care- or even lead to exclusion of the resident from the Home and it was suggested that Healthwatch could have a role; it was suggested that leaflets could be placed by the complaints box in Reception. We observed that this action was taken before we left the building.

- 8.19 We were told that all Care Plans, Medicine Records and other personal information is kept in the Nurses Station.
- 8.20 It was explained to us that nine residents had one to one care.
- 8.21 We were informed that the Activity Co-ordinator's role is now more structured and includes more interaction with family members i.e. a newsletter and monthly resident and family meetings where concerns and complaints can be raised.
- 8.22 The staff explained that current ways of engaging with residents include: a TV slide show of residents involved in various activities, monthly visits, card-making, singing, cookery, daily newspapers, computers and exercise (Progress mobility). A new project is planned that involves having a family portrait of each resident that would be displayed in the zone that they occupy- or in the rooms of those who do not use the communal space. Each portrait would have a colour coded frame where the colour informs staff about key personal factors i.e. aggression, infection, mobility. As it was Shrove Tuesday the activity for the day was for residents to make pancakes.
- 8.23 We were told that the Home is currently in the process of renewing its Gold Standard Framework status.

Lounge 2

- 8.24 We observed that, whilst all staff had a uniform bearing the Care Home logo, 4 of the 5 staff did not have name badges. When asked why, we were told, "All staff are issued with them."
- 8.25 We observed that staff were engaging with family members; updating them on their relative's care and generally chatting to them. They appeared to have a good relationship with residents and seemed very friendly and approachable.
- 8.26 Staff were observed to regularly wash their hands after interacting with residents.
- 8.27 We observed staff assisting residents- wiping the hands and faces of those residents who had managed to feed themselves but then needed assistance.
- 8.28 We observed that staff were encouraging and supporting those residents who used Zimmer frames, to be mobile.
- 8.29 We observed staff supporting residents to walk to the hatch of the kitchen when they wanted a drink or snack.
- 8.30 We observed that a resident spilt a drink that was immediately cleaned up.
- 8.31 We observed that all staff appeared to be very caring and spoke to residents in a friendly and respectful manner; asking them if there was anything they needed and if they were okay.
- 8.32 We observed staff asking residents if they wanted drinks.
- 8.33 We observed staff escorting residents to the toilets and other areas of the Home.
- 8.34 We observed residents that required lifting by hoist, being transferred to their wheelchair by two members of staff.

General observations in other areas of the building

- 8.35 Most residents were seated in chairs in a circle formation in the middle of the room.
- 8.36 The television was on with a low volume and subtitles.
- 8.37 We observed members of staff engaged in colouring activities with residents; holding their hands and talking to them in a comforting way- especially when other residents appeared to be distressed.
- 8.38 Lots of the residents were either asleep or sat in their chairs.
- 8.39 We observed that a resident asked for a banana and was given one- which was immediately rejected. A Care Assistant opened the banana and gently encouraged the resident to eat it.
- 8.40 We noted that the buzzer only went off once - and for only a short time- during the visit.
- 8.41 We observed that a non-English speaking resident asked for a drink and was immediately given one.
- 8.42 We noted the high level of interaction, care and support that staff gave to residents; they were polite, respectful and helpful, work hard and seemed to genuinely care for the residents.
- 8.43 The Manager is very experienced and knowledgeable regarding Mental Health and staff seemed to be caring, respectful and supportive of the resident's needs; their ongoing training programme should equip them with the skill sets to maximise their effectiveness in caring for the unique needs of residents with challenging behaviour and complex needs.

9.0 Follow- Up Action

No additional information has been requested from the provider.

10. Recommendations

- 10.1 Empty the exterior ashtray on a regular basis.
- 10.2 Consider including the 15 minutes spent on the handover process as part of the job role that is paid for.
- 10.3 Ensure that all staff wear ID badges at all times.
- 10.4 Consider introducing colour to areas that are predominantly used by those with Dementia.

Progress against recommendations from initial Enter and View visit conducted on 24 November 2015:

- 10.5 Orchard House should consider the colour scheme and décor of the large communal areas to be made more dementia friendly.
- 10.6 We were told that the home was not exclusively occupied by people with dementia, it was for adults aged 18+ who had Mental Health issues and therefore the recommendation to change the colour scheme was not appropriate. It was further explained that, historically, walls had been painted in different colours and there had been different flooring however, residents had been involved in determining the colour of the walls, chairs, curtains etc. in the communal areas and had chosen the neutral ones. Residents are able to paint their own room in whatever colour they choose. The choice of colourways and high number of DoLS suggest an emphasis on care and control and there seems to be some resistance by management to changing internal decor which was painted 3 years ago after consultation with residents. There is no doubt that plain neutral tones help to create a calm restful environment that is appropriate for those with unpredictable or challenging behaviours but this needs to be balanced against the needs of those with dementia who thrive better in a warm, colourful, stimulating environment.
- 10.7 Remind staff of the need to be respectful and treat residents with dignity at all times. Since the recommendations referring to respect and dignity and the unfriendly reception that the previous Enter and View team had received, there had been an internal investigation that led to a Disciplinary and Dismissal.
- 10.8 Ensure that staff receive visitors warmly especially when they present themselves at the Reception area and review the process for communicating with relatives should any changes to visiting times be deemed necessary. Consider having the comments/suggestion box in a more prominent position within the entrance lobby.
- 10.9 We were told that the Activity Coordinator's role includes greater interaction with family members which is a more proactive approach to gathering complaints than a more visible box. The Manager also stated that she was very approachable and complaints and issues tend to be dealt with before they become complaints. The suggestion made during the visit, that Healthwatch leaflets should be placed near to the Complaints box in reception, was taken up.

10.10 We were told that communication with relatives had improved as monthly meetings now take place, and newsletters are produced. This is now a key aspect of the Activity Co-ordinator's role.

11.0 Provider Response and Intended Action

- 10.1. The ashtray has been emptied and provision has been put in place to ensure that this is emptied more frequently.
- 7.3/ 10.2 Can I address a member of staff comments around unpaid handover - after reading this I did an audit of the break book as all breaks are signed for - this is the staff perception and some staff regularly get this wrong. The staff are not paid for breaks along with the guidance of the working directive I have attached the poster that was put on display 23/3/17 for staff to ensure they understand the policy again.
- 10.3 All staff are ordered name badges - unfortunately some forget to put them on, they are magnetised and some service users pull them off - but this will be picked up in supervision.
- 10.4 We do not have any areas predominantly used by residents living with dementia - our success rate to managing service users who are probably the most complex service users in Wolverhampton is very highly recognised across the West Midlands and wider. The décor doesn't seem to appear to be a hindering factor in the success of managing these service users. We are going to be changing wall displays as you are aware in all 3 main areas and once this is done we will be reviewing how busy it looks. As the home is so successful in the managing of the service users who usually come from placements that breakdown elsewhere - these changes will be slow and subtle, trial and error. Monitoring the mental health of the service users at all times.
- 10.9 appears to be the progress relating to 10.8. I believe that this should be one point rather than two to reflect the ongoing progress made. In addition, I am unsure where else the suggestions box could be located to be more prominent as it is located next to the visitors signing in book and is clearly visible and accessible.
- Within 10.8 it suggests that the process for communicating changes of visiting times should be reviewed. Changes to visiting times are only made on the rare occasion that the home is required to implement a 'closed to visitors' status due to infection. Whilst we do try to inform potential visitors, especially those who visit regularly, it is impossible to contact all potential visitors to 72 residents. The last time this occurred was over 18 months ago approximately. I do not feel this is reflective of how the home operates on a day to day basis.

Additional

- The hoist in reception was waiting for maintenance the company to fix - which was fixed within a day or so and returned to the hoist area.
- The weather board was designed by the service users but unfortunately the dates go missing daily they are replaced frequently - but this is the nature of their illness.
- The notice boards tired, again I have several service users who pull pictures off and dismantle them- we will be having an overhaul of all wall displays and are in the process of changing these in all the communal rooms. This is a work in progress.

12.0 Disclaimer

Please note that this report relates to findings observed during our visit made on 28 February 2017. The report does not claim to be representative of all service-users, staff, family members and visitors, only of those who contributed within the restricted time available.