

ENTER AND VIEW

Unannounced Visit *Waterside House Care Home* *6 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: Waterside House
Address: 41 Moathouse Lane West
Wolverhampton
WV11 3HA

Manager: Sally Ann Matts

Deputy Manager: Daniel Cash

Date of Visit: 6 February 2017

NAME	ROLE
Donald McIntosh	Authorised Representative (Lead)
Sheila Gill	Authorised Representative
Danny Cope	Authorised Representative

Purpose of Visit:

Healthwatch Wolverhampton receives feedback on a range of services and treatments received around care homes. This visit was unannounced and was responding to recently received concerns received by Healthwatch in respect of services at the above care home. The concerns raised are centred around care plans, support to patients during meal times and general communication and treatment of patients.

Acknowledgements:

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

1.0 Physical Environment

External

- 1.1 The team arrived on site at 11.00am.
- 1.2 The home is situated in north east of Wolverhampton and approximately 2 miles from the city centre.
- 1.3 The home shares the site with Bridge Court, a sheltered housing scheme.
- 1.4 Upon entering there was signage to say which was the care home or the sheltered housing scheme.
- 1.5 The site where the home is situated was well maintained, with ample car parking.
- 1.6 Entrance was through automatic doors leading to the lobby area with cameras being visible on the outside and a notice stating 24-hour CCTV in use.
- 1.7 Within the lobby area there were a couple of chairs, a table with a signing in book, anti-bacterial gel, a notice board and a small table with a compliment folder.
- 1.8 The table had a number of leaflets including how to make a complaint.
- 1.9 It was noticed that within the compliment folder individual addresses were visible, this raised concerns around confidentiality.
- 1.10 Entrance to the home itself was by pressing 100 on an intercom, which was done three times before access was gained.

Internal

- 1.11 Once inside the home we were greeted by the Deputy Manager who was very welcoming and agreed to give us an initial tour of the home.
- 1.12 The Lead Authorised Representative for the Enter and View visit introduced the team, explained the purpose of the visit and handed the provider the letter setting this out.
- 1.13 Following this, the tour began and we received a description of the various aspects of the home.
- 1.14 Waterside House is registered to provide accommodation for up to 60 people who require personal care and support. The home is divided into four units- each accommodating up to 15 people. On the day of the visit there was 56 people living at the home, one of which was for respite care.
- 1.15 Following the tour, the team were allowed to move around the home unescorted and divided into two with the lead covering the ground floor and the other members viewing the first floor.
- 1.16 Both floors had similar layouts with communal areas for eating, making drinks and holding social activities.
- 1.17 The home is decorated in a very neutral calming colour scheme.
- 1.18 All doors leading out of each unit were controlled with keypads.
- 1.19 On each floor there were a number of internal doors with keypads- these had no signs on them but upon inspection and discussion with staff we were informed that they were laundry rooms along with storage. There was also a medication unit in one of the rooms on the ground floor.
- 1.20 The laundry room stored some of the residents clothing which did not have names on which has led to complaints being made by some residents.
- 1.21 It was observed that upon entry to the home on the ground floor there was a large

communal area with music playing in the background. It was noticed by all Authorised Representatives that there was an unpleasant smell upon arrival which by the end of the visit was not as pronounced.

- 1.22 On each floor the bathrooms were tidy and clean.
- 1.23 There were activity boards located on the various units.
- 1.24 Each unit is expected to have 3 members of staff and this was observed on at least 2 of the units who were interacting with residents.
- 1.25 On a number of the doors of the rooms, there were photos identifying the resident who occupied the room.
- 1.26 It was noticed that there were a number of doors that were open that did not have residents in. On the ground floor, some rooms that were open had personal belongings that were visible, including a handbag.
- 1.27 Each unit had dining / social communal areas and all were clean and tidy.

2.0 Staff Numbers

Total	86	Morning Shift	Afternoon Shift	Evening Shift	Night	Comment
	Carers	12*	12*	12*	5	
	Domestic	2				
	Activity Co-ordinator	2				Split into 20 hour shift
	Maintenance	1				40 hours each week
	Administration	1				
	Management	2				
	Catering	9				

***Includes 2 seniors which means 14 on each shift**

3.0 Agency Usage

- 3.1 The home predominately use one Agency to provide cover and currently have two agency staff on the night shift.

4.0 Patient Experiences and Observations:

- 4.1 The majority of residents have different levels of dementia with capacity issues and therefore very few were able to engage with the team throughout the home during the visit.
- 4.2 However the team was able to speak to a few residents in the dining / social area who made the following comments;
- 4.3 'I like it here.'
- 4.4 'It's like a family, the staff are good' 'I go to the staff if I need anything.'
- 4.5 'I go out sometimes with staff, shopping and one night we even went to a pub.'
- 4.6 'I've been to the dentist and have been seen by the GP used by the home.'
- 4.7 'I like the staff. They really listen to me.' Since being here for the six months he has had nothing to complain about, he has made friends. It was his decision to move to the home.
- 4.8 One resident mentioned that he doesn't get a good night's sleep because 'one of the resident cries/wails in the night and keeps everyone awake. Even though her room is at the other end of the corridor I can still hear her.'
- 4.9 The team also observed a resident calling for help from her bed and a member of staff came over in about three minutes after the first call. This staff member frequently entered this resident's room during the visit.

5.0 Family and Carer Experiences and Observations

The team was able to speak to some family members who made the following comments:

- 5.1 A family member said 'We are always made to feel welcome. We don't visit at meal times because they are protected but if we are here then we can go to mums room and she can have her meal there.'
- 5.2 'We can always ask for updates and we have a good relationship with the care assistant staff.'
- 5.3 When a family member was asked about their relative who was a resident whether their family member had a social worker, they mentioned that the social worker had changed; a care assistant checked the residents file and said, 'another name had been added but a line had been put through it so was unsure of who the social worker was.'
- 5.4 A family member said about their relative resident that 'they had been here for a couple of years and she seems settled and brighter in herself; she takes part in activities, loves music and joins in.'
- 5.5 A family member was not happy about New Cross Hospital as her husband had been in hospital last week and he had bed (pressure) sores due to lack of turning. An official complaint has been made to the Trust. 'He was getting better in here, even having physio but then had to go to hospital and now is back to square one.'
- 5.6 'The home staff are tremendous, they are ordering a special gel cushion chair for my husband.' 'District nurses come in 3 times a week and staff turn him regularly even during the night.'
- 5.7 A relative said about her husband 'He has his food mashed as he was struggling to swallow.'
- 5.8 One family member said, 'members of staff have been rude to my mum since she came six months ago.' The family member said that she can see which staff aren't doing what they are meant to and she worries about the residents' personal hygiene. She noticed many residents' toenails had grown really long and she had to complain about this. When this issue was reported to the staff the staff responded 'rudely.' At times, the family has noticed their relative's bedding has been left on the floor. The family members have had to come in and bathe their relative in the past, as they felt her hygiene wasn't being maintained by the staff. This resident would often be sitting in the same clothes for days. When the family members reported this the staff did not react well to it.

This family member has heard that residents 'pick-up' other residents' things. This has led to issues like resident's shoes going missing and staff being unconcerned by this.
- 5.9 A resident felt that the standards in the home are improving. Nevertheless, there have been occasions there the staff have been observed "bickering" which was not felt to be professional.
- 5.10 One family member witnessed a resident fall and crack his head in the home six months ago and the staff on duty at the time didn't know where the first aid box was to treat him.

6.0 Catering Services

- 6.1 The kitchen is located on the ground floor. Upon entry the team member was asked to put on a white coat. It appeared that the kitchen is being well run.
- 6.2 The menus are updated 3 times a year - January, May and September.
- 6.3 The menus are devised by looking at menu history and requests from residents.
- 6.4 There are normally 2 choices at meal times along with any additional requests such as sandwiches and salads.
- 6.5 Special diet charts exist for each unit along with a nutritional profile folder.
- 6.6 The kitchen is staffed by 5 members of staff each day doing between 4.5 and 6 hour shifts.
- 6.7 Kitchen staff will also assist in serving during meal times.
- 6.8 There was a profile for each individual resident compiled using care and support plans from carers. The profile also includes any allergies residents may have.
- 6.9 Staff undertake annual training.
- 6.10 There was a Food Safety manual present.
- 6.11 The team was shown the food safety system record booking detailing policies, recordings of the fridge temperature, which is done three times a day as well as recordings of the temperature of the hot food trolley.
- 6.12 'I enjoy the meals, there is usually at least 2 things to choose every time, they have big portions and I'm never hungry!.'
- 6.13 'The staff are nice and the food is good, if I want something particular, I ask the staff and they make it for me.'

7.0 Staff Experiences and Observations:

- 7.1 A number of staff we spoke to have worked at the home since it opened 10 years ago.
- 7.2 'Annual appraisals along with regular supervision takes place for all staff.'
- 7.3 'Dementia training was initially undertaken at Beckminster House (10 years ago), other in-house group training takes place e.g. Manual handling, safeguarding training undertaken annually and various e-learning undertaken on-line.'
- 7.4 Staff we spoke to felt able to go to 'Senior Supervisors' and managers for support or advice as required.
- 7.5 Care staff generally worked 12 hour shifts and work alternate weekends.
- 7.6 'Resident handover information is received from senior carers and a communication book is available in the office and is read if more information is required. Care plans are kept in locked cupboards in the dining area and reviewed each day.'
- 7.7 'When sick cover is required then the home contact other staff to ask them to cover; normally Bank staff are happy to cover' ' there is normally 3 staff ratio to 15 dementia residents in unit.'

7.8 It was observed that all staff wore name badges.

8.0 Summary, Comments and Further Observations

Overall, residents appeared happy and settled within the home and their chosen unit. Whilst there were a number of residents in their rooms, those who were in the communal areas were comfortable with staff interacting with them.

Due to their capacity, residents were not asked detailed questions about the home. In speaking with the management whilst the residents have varying dependency levels, they had resisted in designating units based upon these dependency levels.

The home regularly facilitates reviews in respect to care packages and will liaise with social workers around these reviews. They did acknowledge that at times there is difficulty in getting completed reviews signed off in a timely manner by social workers. They have a good relationship with the Memory Clinic and changes to medication are done immediately either through GPs or the clinic CPN.

Security around the building was effective and well controlled. Staff delivered care to the residents with compassion. There appeared to be a full programme of activities although none were observed during the visit.

It was clear that a number of the rooms were personal to the resident in occupation, however not all rooms had either a photograph or the name of resident adjacent to the door leading into the room.

Whilst there were some negative comments with respect to some resident's experience, particularly from relatives, the majority were positive expressing the helpfulness of staff. Staff appeared committed to their role as carers and the home had a significant number of longstanding staff members.

The kitchen was well run and made efforts to meet the needs of the resident with respect to their dietary requirements.

In discussion with the Manager and Deputy Manager it was noted that there was no suggestion box available to family members or visitors to the home.

9.0 Follow - Up Action:

The following information is to be requested from the service provider:

None

10.0 Recommendations

- 10.1 We propose that the home consider either where best the compliment folder is located or ensure that personal information is not easily available from those making comments.
- 10.2 Staff are reminded about their behaviour when family members and visitors are in the home.
- 10.3 The home ensures that all resident clothing/items are labelled with their name.
- 10.4 The home should ensure that all resident rooms have either name or photograph adjacent to their door and where doors are left open that personal items such as handbags are not visible.
- 10.5 The home should consider actions that will ensure residents do not disturb the sleep of others.
- 10.6 We recommend that a suggestion box is put in a prominent place within the home so that staff and visitors can make comments.
- 10.7 Signage to be placed on the laundry rooms.
- 10.8 All staff are trained and aware of the location of the first aid boxes.

11.0 Provider Response and Intended Action:

The Provider has no further response to make and is happy for the report to be published in its current format.

12.0 Disclaimer

Please note that this report relates to findings observed during our visit made on **6 February 2017**. The report does not claim to be representative of all service users, only of those who contributed within the restricted time available.